Dominican Republic

Operational Plan Report

FY 2010

Operating Unit Overview

OU Executive Summary

Key Demographic, Socio-Economic, and Health Statistics
(Source: Epidemiological Fact Sheet on HIV and AIDS, UNAIDS, 2008)

Population	9.76 million
Population 15-49	5.033 million
Annual Population Growth Rate	1.4%
Life Expectancy at Birth	70 years
Maternal Mortality Ratio (per 100,000 live births)	150
Total Fertility Rate	2.9
Infant Mortality Rate (per 1000 live births)	25
Under 5 Mortality Rate (per 1000 live births)	29
Gross National Income, per capita	$ 5500
Per capita total expenditure on Health	$ 356
Government expenditure on Health (as % of total)	9.3%
Adult Literacy Rate	88%
Number of HIV+ adults (15+) and children	62,000 (range 52,000-71,000)
Number of HIV+ adults (15+)	59,000 (range 50,000-69,000)
HIV Prevalence rate: Adult (15-49)	1.0%
HIV Prevalence Rate: Young People (15-24)	0.3% male; 0.6% female
HIV Prevalence Rate: Male (15-59)	0.8% (from DHS 2007)
HIV Prevalence Rate: Female (15-49)	0.8% (from DHS 2007)
Number of deaths: adult and children due to AIDS	4100
Number of women (15+) living with HIV	30,000

The New PEPFAR Vision

In accordance with the new PEPFAR vision of country ownership and sustainability, the PEPFAR/DR program will expand its emphasis on technical assistance to the GODR for prevention, treatment and care, public policy, and civil society strengthening. The program recognizes and supports Dominican ownership of its National HIV/AIDS Program (called the “National Response”), with the USG playing a support role to the Government of the Dominican Republic’s (GODR) leadership.

PEPFAR/DR has revised its prevention strategy to focus on the most vulnerable groups, including mobile populations. Per the Partnership Framework Implementation Plan (PFIP), the Demographic and Health Survey (DHS 2007) and the Behavioral Surveillance Study (BSS 2008), these include commercial sex workers (CSW) and their clients, men who have sex with men (MSM), residents of Bateyes, women with four years or fewer of formal education, members of the Dominican military, drug users,

prisoners and mobile populations. BSS surveys will be conducted in FY 2010 to provide information and data on these groups, in order to design effective prevention strategies. The focus on Regions V (the southeast) and VII (the northwest DR-Haiti border area) will continue, but over the course of the five year implementation period, will be superceded by interventions which are directed at MARPs.

Summary Program Areas

The PEPFAR program is aligned with the Dominican National Strategic Plan (NSP) for HIV/AIDS, which includes the four major areas of Public Policy, Civil Society Participation, Prevention and Promotion, and Universal Access to Integrated Care and Treatment. Generally, the weaknesses in the GODR health system, outlined in the PF and PFIP, represent opportunities for important and sustainable improvements in many areas. To the extent that the resources allow, USG will work with GODR and other partners to improve health systems, while providing TA to strengthen healthcare and laboratory services.

NSP Area One: Public Policy

USG is already working with the MOH and other partners to develop and implement a single M&E system and procurement/logistics system. When the systems are ready for broad implementation, the MOH will announce that these systems represent new ministerial policy, in order for broad implementation to take place. USG will assist with this entire process. USG will work with the MOH policy level to provide greater levels of national support to NGOs (see next section). Similarly, the design and implementation of an active Binational (cross-border) program will require the GODR (and the government of Haiti as well) to announce this approach as government policy. The fact that precedent does exist for Binational collaboration (e.g., vaccinations, TB) will help to propel similar programs in HIV/AIDS. Related to the Binational program, USG policy dialogue with the GODR will include enforcement of the constitutional right to a Dominican birth certificate for those persons born in the DR.

[NOTE: In the aftermath of the earthquakes in Haiti and the massive USG contribution to Haiti's recovery, it is likely that the Binational component of the PEPFAR/DR program will undergo adjustments to accommodate the new reality of Haiti, including a surge in the number of pregnant women seeking services in Dominican hospitals. Currently, it is not possible to know the scope, breadth or impact that this will have on either country. Appropriate changes will be contemplated among Haitian, Dominican and USG partners in a collaborative process as more information becomes available.]

Frequent turnover of professional staff has been a cause of delay of implementation of many assistance programs and of the GODR health sector in general. In many instances, trained and experienced staff are replaced by untrained staff who have political connections. This requires additional training of the new staff, which consumes

scarce resources and takes time. An Administrative Career Law (ACL), similar to the U.S. Civil Service Law, exists, which guarantees the stability of technical employees in the Dominican government, but it is often observed in the breach. The USG will dialogue with the GODR on implementing the ACL on a pilot basis in the MOH.

The MOH system employs about 59,000 persons, including approximately 12,000 physicians, 12,000 nurses, and 1,700 lab technicians. USG believes that these numbers are adequate for the healthcare needs of the country; the issue is that these resources are not distributed according to the need and demand for services. For example, many small rural hospitals have no ob-gyn to attend births, yet a small municipal hospital proximate to Santo Domingo, which attends perhaps 30 births per month, may have as many as ten or fifteen ob-gyns on its staff. Professional staff does not want to work in remote areas; they prefer the cities. In collaboration with the MOH, USG will conduct a Human Resources audit, the results of which will be shared with the MOH itself, international cooperating agencies, NGOs and other partners. The expectation is that data from this audit will drive changes in the allocation of professional staff and perhaps in the conditions under which they will work in currently underserved areas, so that the quality of healthcare in rural areas will improve.

NSP Area Two: Civil Society Participation

Civil Society has participated actively in HIV/AIDS policy-level deliberations and the implementation of services and support to vulnerable target populations. The NGO sector was present during the development stages of the Global Fund program, including the guidelines and rules governing the composition and functions of the Country Coordinating Mechanism (CCM). The Coalition of HIV/AIDS NGOs represents a broad array of these organizations to the MOH and the GODR; its members include NGOs which represent the network of persons living with HIV and several are sitting members of the CCM. The contribution of the Civil Society sector to reducing the impact of the epidemic has been recognized and acknowledged by the GODR and international cooperating agencies, such as the UN group.

However, the glaring weakness of the NGO sector is that it is highly dependent on external funding for its very survival. Global Fund (GF) programs support a number of NGOs, but the reduction of most recent GF program budget has seriously reduced the amount of funding available for prevention with vulnerable populations, precisely the work of NGOs. USG has funded a number of NGOs over the past years, recognizing that their work with men who have sex with men, commercial sex workers, women who have subjected to trafficking, orphans and vulnerable children, residents of Bateyes, and other vulnerable groups, is crucial to reducing new infections and consistent with the revised focus of the PFIP on vulnerable populations. However, the GODR contributes very little of its own resources to these NGOs, so at the current time they are not sustainable.

USG has already worked with a number of NGOs, training them in management and operational techniques to improve their own cost-effectiveness and sustainability.

NSP Area Three: Prevention and Promotion

The lack of adequate coverage and quality of services are two cross-cutting issues with respect to prevention services in the DR. much of the TA provided by the USG will target these two areas. Where the PEPFAR Team feels that adequate information for sound planning is not available, it has planned a number of studies and assessments to fill that strategic information gap.

PMTCT: Activities to support the PMTCT program will focus on the development and dissemination of updated guidelines, which will include early infant diagnosis (EID). USG will procure approximately 180,000 rapid tests in 2010, in a strategy that will require the GODR to assume an increasing share of the procurement (in years four and five of the program, USG will procure only 25,000 test kits). These kits, plus those procured by Global Fund, should be sufficient to test all pregnant women in the DR. USG will work with the MOH to implement the "opt-out" option as a pilot program in selected health facilities, to gain field experience in the advantages of this approach (current Dominican law requires that women "opt-in" to an HIV test). Support will be provided to NGOs to promote PMTCT-related testing and counseling and to refer potential clients to neighboring hospitals and clinics. In support of these activities, healthcare staff will be trained and TA to the MOH information system will ensure access to quality data.

Prevention AB: Women with fewer than four years of formal education are noted as a vulnerable group (see PFIP: Epidemiological Profile). In collaboration with the Ministry of Education (MOE), USG will support an assessment of the determinants of primary school dropout, especially among girls, and, once the data are evaluated, design a strategy to retain all students, especially girls, through the completion of primary school. USG will continue to support the MOE Life Skills program, begin to scale up the reach of the program to eventually include 10,000 public schools. PEPFAR will provide TA and training to MOE staff to establish and promote the linkages between the schools and the appropriate health services. A BSS targeting street children will be conducted, in order to develop a prevention strategy for this vulnerable group.

Other Prevention: Prevention among vulnerable, most-at-risk populations (MARPs) being a major thrust of PEPFAR/DR, "Other Prevention" is a large and ambitious component of the program. Because accurate information on the behavior of a number of MARPs is not available, USG plans to do BSS assessments of mobile populations, prisoners, and military personnel. The results of these studies will inform the design and implementation of prevention activities (including IEC) targeted at these and other vulnerable groups (e.g., drug users, MSM, CSW). Peace Corps will continue to implement its *Escojo Mi Vida* program in rural communities and will continue to train

youth peer educators. Prevention work currently underway in Bateyes will be supported and expanded. USG will conduct an assessment of STI services for MARPs, both to provide access to services and to reduce the stigma to which these groups are frequently subjected. The USG condom social marketing program, which targets sales points in areas frequented by vulnerable populations, will continue to receive PEPFAR support.

Blood Safety, Biosafety: Per the PFIP, blood safety is a serious issue in the DR. Most blood units are either not screened or the screening process is of unknown quality. USG assistance in 2010 will first assess the blood safety practices of labs in the DR and then develop a plan to support blood safety with quality controls, in collaboration with the MOH and relevant partners. Once approved, the plan will be implemented in eight pilot hospital sites and will include the training of staff, procurement and installation of basic blood safety equipment, strengthening the blood safety lab information system, and development of a reliable supply chain. Additionally, USG will work with MOH and selected universities to strengthen the pre-service and in-service training programs for lab and clinical personnel and to develop and implement a national strategy for voluntary blood donations.

Regarding biosafety and the disposal of medical waste, USG will provide TA to the MOH to revise and update guidelines in waste management and the appropriate training and supervision to the staff in ten labs, where the initial implementation of the program will take place. The USAID program in MCH and maternal health supports a number of “Centers of Excellence” nationwide; USG will assess the feasibility of supporting biosafety activities in some of these, so as to gain synergies and efficiencies in the investment of resources.

NSP Area Four: Universal Access to Integrated Care and Treatment

Adult Care and Support: The GODR National Response offers virtually no funding to care and support services; GODR priorities are treatment and prevention. The Global Fund provides limited assistance to NGOs who work in this area; USG has been the most reliable source of funding to this component. In 2010 USG will continue to fund NGOs and the Network of Persons Living with HIV/AIDS to provide community- and home-based care to PLWHs. “Care” includes nutrition, social and legal support, psychological and spiritual support, counseling on reproductive health issues, opportunistic infections, and counseling and support for income-generation activities, including access to vocational education program. The NGOs will also work in the public policy arena, advocating for the congressional approval of the revised AIDS Law, enforcement of its provisions, and reducing stigma and discrimination.

Adult Treatment: USG funds will support a drug resistance study and an adherence study. Both of these studies will inform the adult treatment process. USG will

help to train a cadre of over 400 health care providers around the country on treatment norms and guidelines. USG support will strengthen the integrated care information system (known as SIAI, for its Spanish acronym) for patient monitoring and reporting, and staff from nine health regions (through the REDES system) will receive training on data analysis and decision-making. In support of this process, the USG will procure four advanced CD4 machines and reagents for placement in four strategic labs around the country (one DAF, two NGOs, and one at the MOH National Reference Lab).

USG will support a number of NGOs to provide community-level support for adherence to treatment regimens and will assist the MOH to identify those patients who have discontinued their treatments and/or have been lost to followup.

TB/HIV: the National TB Program routinely tests TB patients for HIV; however, the reverse is not the case. The USG program for TB/HIV coinfection will work to assist the National Response to routinely test HIV positive patients for TB and provide TB treatment, where appropriate. USG will conduct a baseline assessment of TB coinfection services within the HIV/AIDS program, a TB multidrug resistance study and a TB/HIV coinfection study, all of which will inform the process of revising and printing TB/HIV clinical guidelines and training health care providers, both at the services and management levels. USG will also work with the MOH to strengthen the supervisory role of the National TB/HIV Coinfection Commission.

Orphans and Vulnerable Children (OVC): The latest study on OVC was carried out in 2002. USG will support an update of this study, in order to obtain more recent data on children who are currently orphaned and those at risk of becoming orphans; a second study will examine the situation of street children. PEPFAR will work with NGOs and the appropriate ministries to design and implement prevention programs for out-of-school youth and street children, similar to the “Life Skills” modules of the Ministry of Education (which are for in-school adolescents). NGOs who work with street children will receive support to continue their work, focusing on areas such as HIV prevention, family planning and contraception, information on where to seek services for sexual abuse, vocational education services, legal support, and nutritional information and support.

Voluntary Counseling and Testing (VCT): According to MOH statistics, the VCT program reaches a small segment of the population. In an effort to expand the outreach of VCT, USG will support a situational assessment of the program, to determine bottlenecks and potential opportunities. Based on the results of this assessment, USG will help establish twelve VCT “Centers of Excellence,” some of which will correspond to the same hospitals where the USAID MCH Centers of Excellence program currently works. This will permit mutual support and contribute to the sustainability of both programs. USG will prepare and reproduce educational materials to support VCT and will procure rapid test kits for MOH and DAF facilities.

Policy dialogue will focus on the “opt-out” option (discussed above) and task shifting to allow non-laboratory hospital staff to apply and interpret rapid-tests to clients.

Pediatric Treatment: To strengthen pediatric treatment services, USG will work with MOH and DAF to improve early infant diagnosis (EID) systems, including collection, storage and transportation of dry blood samples, diagnosis and follow on with the appropriate treatment. In support of EID, USG will procure reagents and lab supplies in order to test up to 4000 children for HIV. USG will also provide TA and support to up to eight NGOs, to improve the referral of children born to HIV positive mothers (and who may not have been tested while in the hospital) for diagnostic and treatment services.

Pediatric Care: USG will help train healthcare providers and staff from NGOs in early infant diagnosis (EID), as a way to link communities and hospital services. Support with be provided to NGOs, CBOs, and FBOs to support their communities to seek pediatric care services. PEPFAR will also work with the MOH to incorporate EID training into the PMTCT training components.

Laboratory Infrastructure: USG will conduct an assessment of the National Reference Laboratory (NRL) and ten high volume MOH and DAF labs, to determine gaps and weaknesses on quality of procedures. Training of lab staff will focus on good practices and quality control. Together with the MOH and DAF lab staff, a national algorithm for HIV testing – including validation of the quality of rapid test kits and reagents -- will be developed and piloted in the NRL and other labs around the country.

Strategic Information: USG has assisted the MOH in its sentinel surveillance surveys for many years, and this support will continue under PEPFAR. USG will continue to support MOH efforts to develop a single M&E system, including identifying national indicators and targets for the National HIV/AIDS Response, including training of trainers and of key M&E staff. USG TA will continue to focus on strengthening the various facility-level health information systems that support service delivery and feed into national M&E and surveillance systems. Specifically, USG will focus on strengthening these systems for HIV/AIDS- and TB-related health information.

The STI Sentinel Surveillance and Control Program (called VICITS for its Spanish acronym) is a process which assists the MOH to develop an integrated STI strategy. An important component of VICITS is the information system, which allows for monitoring the impact of the strategy on STI and HIV prevalence and condom use. This information system program will be incorporated into the SI and M&E assistance under PEPFAR.

Health Systems Strengthening: USG will continue to support the development of a procurement and logistics system, with TA from contractor MSH. The system will also include supply management and information systems. USG will also provide TA to

the MOH to promote and strengthen the health systems information system. Both activities will include the training of appropriate MOH staff.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV						

infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
Major League Baseball/ Dominican Development Alliance		Dominican Major League Baseball Players	350,000	350,000	"Global Development Alliance, formed between USAID/DR and Major League Baseball (MLB), leverages MLB resources from players, teams and fans to reach at-risk Dominican youth with AB messages and ABC messages to youth older than 15. USG has contributed (committed) $1.0

					million , of this $ 350,000 has come from PEPFAR from FY 09 funds. No FY 2011 funds will be contributed to this Pa

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
2009 Sentinel Surveillance Study	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers, Pregnant Women	Data Review
Behavioral Serological Surveillance Survey	Surveillance and Surveys in Military Populations	Uniformed Service Members	Data Review
BSS 2011 in MARPS	Population-based Behavioral Surveys	Drug Users, Female Commercial Sex Workers, Men who have Sex with Men	Planning
Estimate the number, behavior and serological conditions of street children in the regions of Santo Domingo and the North	Population-based Behavioral Surveys	Street Youth	Planning
Formative Assessment in MSMs	Qualitative Research	Men who have Sex with Men	Planning
Formative Assessment-Mobile Populations	Qualitative Research	Mobile Populations	Development
PMTCT Formative Assessment	Qualitative Research	Pregnant Women	Implementation
Study the determinants that cause children to drop-out of schools in the primary level.	Population-based Behavioral Surveys	Other	Planning
Update the Estimate on the Number of	Population size	Street Youth	Planning

Orphans and Vulnerable Children	estimates		
Update the TB/HIV Co-infection.	TB/HIV Co-Surveillance	General Population	Planning
Voluntary blood donation Formative Assessment	Qualitative Research	General Population	Planning

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			954,500		**954,500**
HHS/CDC		500,000	5,446,500		**5,946,500**
PC			949,000		**949,000**
USAID			1,900,000	5,750,000	**7,650,000**
Total	**0**	**500,000**	**9,250,000**	**5,750,000**	**15,500,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency					Total
	DOD	HHS/CDC	PC	USAID	AllOther	
HBHC	100,000			500,000		**600,000**
HKID				1,200,000		**1,200,000**
HLAB	100,000	600,000				**700,000**
HMBL		1,721,500				**1,721,500**
HTXS	100,000	125,000		472,882		**697,882**
HVAB			431,800	50,000		**481,800**
HVCT	150,000			550,000		**700,000**
HVMS	72,000	1,200,000	337,200	695,118		**2,304,318**
HVOP	293,500	1,500,000		1,882,000		**3,675,500**
HVSI	50,000	200,000				**250,000**
HVTB				900,000		**900,000**
MTCT		400,000		900,000		**1,300,000**
OHSS	89,000	150,000	180,000	400,000		**819,000**
PDTX		50,000				**50,000**
	954,500	**5,946,500**	**949,000**	**7,550,000**	**0**	**15,400,000**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	600,000	
HTXS	697,882	
Total Technical Area Planned Funding:	**1,297,882**	**0**

Summary:
09-HTXS Treatment: Adult Treatment

Context and Background

The 2008 UNAIDS report estimates that there are 62,000 individuals (approximately 59,300 adults and 2,700 children) in the DR infected with HIV or 1.1% of the population. Prevalence appears to be higher in rural than in urban areas. The 2007 DHS suggests that only 20.5% of women and 18.6% of men have been tested and know their serostatus. The National MOH AIDS Reporting System states that, as of September 30, 2009, 13,131 persons living with HIV/AIDS (PLWA) (12,259 adults and 872 children) are receiving ARV treatment and an additional 13,769 HIV-infected patients are receiving basic care (13,557 adults and 212 children) through 67 integrated care units (ICUs). MOH data show that the DR is providing treatment to 43.8% of all PLWA that need treatment. It is important for the MOH to convene a technical working group to analyze the detection and treatment data among adults and children, in order to understand more fully the dynamics of the epidemic and the National Response. (See also the TB/HIV section for a discussion of treatment for TB/HIV coinfection).

In collaboration with the Clinton Foundation, Columbia University, PAHO and UNAIDS, USG provided support to the National AIDS Program at the central level to update treatment and care norms, train health teams, and implement the integrated care information system (known as SIAI in Spanish). USG has provided direct support (e.g., equipment, staff training and administrative costs) to NGO and FBO clinics that provide comprehensive care and ARVs funded through the Global Fund RCC grant. Approximately, 6,400 adults and children have received ARVs and other services in public hospitals and USG-supported NGOs and FBOs. As of September 30, 2009 approximately 6,512 PLWA were receiving emotional, psychological and social support and home-based care (HBC), provided by USG-funded NGOs and FBOs.

Current guidelines establish that an individual must have CD4 counts below 200, before he/she can have access to treatment; pregnant women can access ARVs when their CD4 counts are below 350. The guidelines establish that patients in care must have two CD4 tests per year and treatment for opportunistic infections (OIs). Access to diagnostic tests (CD4 and viral load) are hindered by frequent equipment breakdown in the NRL and Clinica de Familia MIR, frequent stock-outs of reagents in the NRL, a weak referral system, lack of access due to the cost of transportation, limited availability of CD4 and Viral load equipment in the public and NGO sectors (1 public sector; 3 NGOs), and the high cost of these tests in the private sector. Only 25 service units are collecting samples for Early Infant Diagnosis (EID);

and transportation of samples and providing families with the results continue to be an issue. In the updated guidelines, the CD4 threshold to initiate treatment has been raised to 350. Implementing the new treatment guidelines have economic implications for the GODR and the subsidized health insurance. In a MSH/SPS Study made in 2008, they reported that MOH services had more than 48 treatment protocols and that 70% of all PLWAs in treatment were treatment naive and in the first line. The other 30% were in the second, third and rescue protocols. The total cost of treatment, including ARVs, diagnostic and health visits for these patients was approximately US$7,689,799 (about US$ 585 per patient), 60% of which is for the cost of ARVs and OI treatment. The study also pointed out that patients under the first line of treatment migrate to second and third line of treatment quickly and recomended urgently the Drug Resistance Study on ARV patients. The cost of caring for patients not in ARVs was estimated at US$184.38/year and the cost of providing OI treatment was estimated to be $208.95. The participation of specialized health care workers in services providing ARVs outside the major urban areas, also represent a problem. Several public and NGOs services have PLWAs as lay counselors.

With GF financing, GODR provides all ARV and OI treatment in the DR, including to NGO/FBO clinics supported by the USG. The MOH funds most of the public health teams that provide those services. For more than three years the Clinton Foundation funded 12 integrated care units in public hospitals and NGO clinics. Clinton Foundation has not continued funding these facilities and requested that the MOH assume the funding. The MOH agreed to do so; however, funding for these units has been inconsistent, especially for the services located in NGO clinics.

USG funded NGOs, CBOs and FBOs provide home-based care and have formed an HBC task force to ensure that HBC is included in the biennial plans at the provincial and regional levels. A USG-funded intervention also trains nurses in rural clinic to provide HBC.

Accomplishments since the last Mini-COP

In FY 2009, 13 NGOs, CBOs and FBOs and 43 service outlets in Regions V (southeast) and VII (northwest) provided direct palliative care services to 6,500 individuals. In addition 25,300 individuals were provided with care services through MOH facilities, including TB/HIV services. In addition, 147 individuals were trained to provide HIV palliative care. Of the total of 43 service outlets providing HIV-related palliative care, 19 provided TB/HIV treatment.

Goals and Strategies for FY 2010

USG will continue on-going support to GODR to finalized the revised treatment and care guidelines, print at least 2,000 copies, and train approximately 430 health workers in their implementation. USG will support the participation of MOH staff in the upcoming costing workshop to be held in Santo Domingo. USG will provide support to enhance the SIAI information system and train the MOH technical staff in nine health regions to analyze data and use the data for decision making. In order to expand the DR

capacity to provide timely and accurate rapid tests, USG will procure 4 CD4 machines (one for DOD, two for NGOs and one for the National Reference Lab) and fund the MOH to procure CD4 reagents and laboratory supplies for 60,000 tests in FY 2010. To make this effort sustainable, GODR has commited to provide the necessary reagents required to meet the demand beginning in FY 2013. USG will continue funding NGOs to provide care and treatment for PLWA and their families and link them to appropriate MOH services. These NGOs will also help train health teams to provide support and services in the community, strengthen nutritional support and income generation for PLWA and their families, and strengthen prevention-with-positives. NGOs will support public hospitals by helping to locate patients who do not return for their ARVs or TB treatment.

USG will continue to support cross-border work, including sharing patient information, referrals for diagnostic and routine testing, treatment and follow-up, and services for children. USG will provide monitoring and TA to ensure that health clinics within USG areas of work supply pain and OI medications as stipulated in national norms.

Strategic Information: USG will support ARV drug resistance and drug adherence studies. The information from these studies will inform the plans to assist the National Response to update norms and guidelines on treatment regimens.

DOD will implement activities to improve linkages to care and treatment for all HIV positive uniformed members and their families, including reproductive health services (such as treatment for STIs and family planning), psychosocial and other services. Positive health and prevention among individuals living with HIV/AIDS will be incorporated into routine care. Activities will aim to improve access to high quality, low cost medications and pain management for PLH and strengthen a multi-sectoral response and linkages with other health and development programs. The DOD will also provide technical assistance to design a program linking “Military personnel living with HIV/AIDS” to governmental and military social support programs and for alternative economic development -labor reintegration for these persons and their families. Care and support services will be offered to 150 individuals (15% of the estimated number of enlisted persons living with HIV) but not on ARV treatment.

Leveraging support for care from other international donors (except UNICEF) has been difficult. COPRESIDA, through the GF grant, provides limited support in this area. USG was successful in its efforts to include a care component in the 2007 – 2015 National Strategic Plan and, as a result, the recently approved Round 2 GF Rolling Continuation Channel includes funding for community and home-based care. Moreover, because care programs in the DR depend heavily on NGOs and FBOs with scarce or limited financial resources, this program will only become sustainable in the near future if the GODR, with GF resources or its own funds, provides support. USAID and its local partners will also continue to advocate for a GODR policy on care as a foundation for building long-term sustainability.

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	1,721,500	

Total Technical Area Planned Funding:	**1,721,500**	**0**

Summary:
04-HMBL Biomedical Prevention: Blood Safety

Context and Background

According to a 2008 MOH Blood Bank report, there are currently 63 facilities in the Dominican Republic (DR) which collect and process blood for transfusions, of which 42 (67%) are public. Approximately 80,000 units were collected in 2008, only 54% of the projected blood supply need. Fractioning of blood into blood components is not done on a routine basis, due to lack of knowledge and training of lab staff and the high cost of equipment and supplies needed to conduct these procedures. Although the MOH reports that close to 100% of the country's blood supply is screened for HIV and other Transfusion Transmitted Infections (TTIs), there is little information available to assess whether or not the screening process is complete and adheres to quality control standards. The 2008 UNGASS progress report indicates that only 30% of blood units collected in DR were screened for HIV in a quality assured manner.

Public Health Law no.42-01, enacted in 2001, dictates the requirements to operate a blood bank in the DR. The requirements encompass a wide array of topics, but important provisions to guarantee a secure supply of blood and blood byproducts are lacking. This law provides a form for donor screening, and mandates screening for 6 TTIs: HIV, Hepatitis B and C, Syphilis, and HTLV I and II . At the present time the MOH program lacks staffing, infrastructure and training to oversee the implementation and enforcement of the law. Another key limitation is that this law does not regulate the Armed Forces or NGOs, such as the Dominican Red Cross, which collects about 30% of the blood units in the country.

There is no voluntary donor program to recruit low risk repeat voluntary donors, which is essential to build up an adequate and safe blood supply. According to MOH statistics, more than 60% of the blood supply used for transfusions is derived from family members. Persons in need of blood and without suitable family donors, must pay for the blood they use, especially in emergency situations. Frequently the blood comes from paid donors. Due to the lucrative nature of this activity, there are a significant number of business functioning as blood banks which do not meet the minimum standards of quality.

Currently, there is a fragile and limited network of blood banks in the country, which does not allow for the timely collection, processing and transportation of blood products. Public facilities experience frequent stock outs of ELISA reagents, needed to screen blood for TTIs. The lack of maintenance and calibration programs result in ELISA testing equipment which are non-functional. A PAHO report indicated that some private blood banks use rapid HIV, Hep. B and C tests of questionable quality for routine screening of blood units.

In the DR the common clinical practice is the use of whole blood. Although no formal assessment has been conducted to identify specific reasons for the lack of usage of blood products, potential reasons were cited above. Additional reasons may be lack of access to routine clinical laboratory test that would help determine the precise component needed and allow monitoring of patient response. In any case, training is need for clinical staff on the appropriate clinical use of blood and hemovigilance for any untoward outcomes of transfusion.

Public Health Law 42-01 also requires the reporting of results from all screened blood to the MOH, but currently this is not enforced. The National Blood Bank program had a small, voluntary external quality

assurance program, which was conducted every six months. However, this system did not provide feedback to participating facilities, nor are data used for program planning. Due to a lack of resources, this program terminated early in 2009 and has not been reactivated.

Bio-safety is a critical issue in the country. Although Health Law 42-01 addresses the issue of waste disposal and preventive measures that all clinical labs must implement, these requirements are not followed or enforced. A 2005 USG assessment of the major hospitals of Region V (southeast) identified glaring omissions of municipal, national, and international bio-safety guidelines, universal precautions and waste management. Most facilities do not have a bio-safety manual, and when they do, the staff is not usually aware of its existence.

Currently, two Dominican colleges offer a Medical Technologist degree. Although no specific reports exist on the number of enrolled students, there are approximately 4,000 medical technologists in the country. The largest public university (The Autonomous University of Santo Domingo) graduates 95% of medical technician students. There is little incentive for students to enter this field: lab conditions are perceived to be of high risk and the existing market (public and private) offers low salaries. Continuing education is not a requirement for maintaining licensure, and opportunities for continuing education are limited and/or costly. There are limited training opportunities for other health care staff to improve the quality of services using standard infection control and bio-safety measures. Finally, the provision of supplies and equipment needed to ensure the safe disposal of biomedical waste and to establish basic infection control procedures are frequently not available to hospital or clinical staff.

Achievements since last Mini-COP

Before FY 2009 the PEPFAR program had no resources to implement blood safety or bio-safety activities.

Goals and Strategies for FY2010

In collaboration with PAHO and other partners and in order to strengthen and improve the quality of the blood supply, USG will provide technical assistance and support to MOH to review, update as appropriate, and implement the national strategic plan, policies, and guidelines on Blood Safety. This includes support to create and equip the centralized Blood Bank Service, which will coordinate the collection, processing, storage, distribution, utilization and monitoring and evaluation (M&E) of blood and blood products, consistent with national and international standards.

During 2009, USG/CDC will conduct an assessment of MOH prioritized Blood Banks to identify weakness, challenges and needs. With the results of the assessment, MOH and USG will develop a plan to improve access to a blood supply that meets quality standards and develop a communication strategy to bolster a voluntary blood donation initiative. The USG will work with the MOH to develop a quality assurance program to ensure that all donated blood is routinely screened for HIV, hepatitis B and C, HTLV I and II and syphilis, and is properly collected, stored, processed, and used. The blood bank system in the DR is decentralized; because of this the MOH is unable to ensure the quality of the blood banking services, enforce quality standards and maintain facilities and equipment in optimal condition. The USG will work with the MOH and other relevant partners to develop a strategy that centralizes critical blood banking activities thus ensuring the quality of collection, storage, screening , distribution and

reporting to use the term regionalized instead of centralized. Also, when discussing centralization or regionalization for efficiency, economy of scale and quality it is important to clarify that the goal includes provision of actual service, a safe and adequate blood supply, at the point of health care delivery.

The USG will collaborate with the MOH Blood Safety Division and the Regional and Provincial Network of health services provision (known as "Redes" [networks] in the DR) to: 1) strengthen the supply chain logistics network, including informatics, for the distribution of supplies, reagents, blood and blood products; 2) develop and implement a regional electronic data management system for monitoring the collection, processing, distribution and hemovigilance of blood products; 3) assess and strengthen the M&E system for operations, continuous program improvement and reporting; and (4) estimate the cost of producing a unit of blood and explore options for cost recovery or other models for long term sustainability .

The USG will work with the MOH and the Armed Forces to improve the overall capacity of eight blood bank facilities with high blood transfusion demands. These eight facilities include the largest maternity hospitals in the country and are part of the network of sites supported by the USG for PMTCT service delivery. Securing the blood supply at these high volume sites will serve to improve the quality of services provided by blood banks and to pregnant women. USG support will consist of technical assistance to strengthen the capacity of the MOH and the Armed Forces to review, disseminate, and enforce biosafety and blood safety norms, procedures, and regulations. The USG support will foster quality improvement of blood bank services generally and ensure the appropriate clinical use of blood and blood components, their storage, and timely distribution to health facilities nationwide. TA will include developing pre-service, in-service and continuing training for health care providers, on blood safety and biosafety issues.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	700,000	
Total Technical Area Planned Funding:	**700,000**	**0**

Summary:
HVCT Care: Counseling and Testing

Context and Background

Beginning in 2002, USG helped establish 45 counseling and testing (CT) centers in MOH public hospitals in the Dominican Republic (DR). Since then, the MOH has expanded CT centers to133 in public hospitals. USG supported the establishment of approximately 11 CT sites in NGO clinics. HIV testing is routinely performed in most health facilities. Until recently, pre- and post-test counseling services were not officially recorded or reported by health facilities. While this information is now reported in MOH logbooks, a large number of facilities still do not report these data. .

MOH procedures provide free HIV testing for pregnant women and a US$6 (RD$200) fee for others. Although HIV tests are covered for those included in the subsidized health system under the Family Health Insurance Plan (FHI), additional lab tests for HIV positive individuals are not. The FHI Plan

currently insures approximately 1.3 million persons.

There is no national HIV testing algorithm or a list of approved rapid tests. Same-day results and quality control systems are not established, so many persons who are tested never learn their test results. Thirty percent of all rapid test kits are purchased by the GODR with GF money. In a decentralized system, hospitals are authorized to purchase additional rapid test kits, but MOH provides no guidance or instruction regarding which tests are reliable and recommended. Stockouts of rapid tests are frequent.

USG has supported the training of health personnel, in order to improve the quality of CT services. Most CT services within the PMTCT program provide group pre-test and individual post-test counseling. The counseling services in many facilities are overwhelmed by the number of patients and lack of adequate space to ensure privacy and confidentiality of the process (facilities which received USG support do have appropriate space for privacy and user-friendly quality counseling). Some hospitals and NGO clinic CT units have contracted and trained PLWA to provide emotional support and links to community-based support groups.

A couple of key policy dialogue issues will be challenging for the USG program in coming years. Current legislation requires signed agreement by persons who agree to an HIV test ("opt-in"). Additionally, due to pressure from the laboratory technician professional association , the MOH has determined that only trained lab personnel can administer and read rapid tests. In both instances, the USG program will propose employing the "opt-out" option and rapid tests administered by other health personnel (e.g., nurses), as a pilot program, the results of which will then be shared with the MOH and other donors. Additionally there is no position of "counselor" in the current MOH organization chart, limiting the ability of the MOH to select and hire counseling staff, with an adequate salary. USG will dialogue with the MOH on this issue as well.

Accomplishments since last Mini-COP

In FY 2009, USG surpassed its targets for the number of individuals trained in counseling and testing according to national and international standards (target of 205 vs. actual of 343). USG provided TA to improve the quality of CT services in Health Regions V (southeast) and VII (northwest, bordering with Haiti), including the reporting system and the analysis of the data for decision making. One of the key findings of the TA was that facilities do not use service data from the previous year for procurement planning, so procurement decisions are frequently made only on the basis of the approved and available funding levels.

USG has supported NGOs to initiate community CT services. Approximately 9100 tests were made, 8900 persons received post-test counseling, and 140 persons or 1.91% tested positive. Two NGOs failed to report how many of the tests performed resulted positive, and corrective measures have been taken to prevent this situation in the future. As explained in the "Laboratory Infrastructure" section, CT services, both stand-alone and those integrated into PMTCT, suffered from stockouts, dubious quality of the rapid tests themselves, and lack of reagents, all of which affected CT services, both at the public and NGO levels. Partners (and donors) had expected that GODR would supply all required HIV tests, but funds were not budgeted for this purpose.

The Dominican military plans to open eight VCT sites in 2010 in military facilities, to expand access to Dominican Armed Forces members. DOD will train service providers to carry out quality services in these sites.

USG has provided and will continue to provide TA to the MOH on reviewing and revising CT guidance.

Goals and strategies for FY 2010

Once the MOH approves the new guidance on counseling and testing, USG will help to train a variety of public sector healthcare staff in the provisions and applications.

USG will design and implement a pilot project “VCT Centers of Excellence” in 12 sites (10 public hospitals, 2 NGO clinics) that will include training of staff in the new guidelines, applying and reading rapid tests, recording and reporting test data, and offering the "opt-out' option. In order to gain synergies and as a wrap-around activity, this pilot program will consider using a number of the USAID maternal health "Centers of Excellence." The results of this pilot project will be presented to the MOH, for the intention of taking a "best practice" to scale.

In Region V, USG-supported laboratories improved their tracking of test kits and medical supplies, thus improving the testing services. Training will be provided in quality assurance and quick turnaround of rapid test results, and the USG will procure 250,000 tests and reagents to assure a ready inventory (this number will be reduced gradually to 15,000 in the final year of the program, with the GODR simultaneously assuming a greater share of the procurement). TA from the "Strengthening Pharmaceutical Systems" project will work with the MOH and labs on procurement planning, which will help to reduce stockouts.

USG will continue to support NGOs which work with most-at-risk groups at the community level, to advocate for CT and to refer clients to the appropriate CT facilities. In this way, the USG and partner NGOs will encourage prevention behaviors among MARPs. USG will continue to provide funding specifically to the Network of Persons living with HIV/AIDS, as a valuable source of counselors and emotional and community support.

USG will provide TA to strengthen national information systems to ensure full and accurate reporting (please refer also to SI narrative). USG will assess the CT services information system, present the results to the MOH and help develop a plan to strengthen an integrated system. This will be done within the context of the "single M&E system," which the USG also supports.

All of these strategies (and the supporting activities) will support GODR ownership of counseling and testing services (and information systems). TA from the USG will focus on identifying best practices, gaining MOH support for successful processes, taking them to scale, and evaluating them on a continual basis to ensure quality and coverage.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	819,000	

Total Technical Area Planned Funding:	**819,000**	**0**

Summary:
18-OHSS: HEALTH SYSTEM STRENGTHENING

Overview

A number of cooperating agencies have worked with the GODR on HSS activities. UNAIDS has promoted the “Three Ones”, including a single M&E system, which the USG under PEPFAR and PAHO have supported. USG has contributed significantly to the health systems strengthening and health sector reform (HSR) over the past ten years, including strengthening the administrative, HR, and financial management functions of 14 public hospitals in Region V (the southeast). The management tools that resulted from this assistance are in use in hospitals nationwide. Currently, the USG program focuses management strengthening on ten “Centers of Excellence” teaching hospitals for maternal-child health services around the country. The system now has a functioning Family Health Insurance program (FHI) with over 1.3 million poor persons affiliated. The FHI program allows affiliates to seek health services, including some HIV/AIDS lab tests, from public and private providers, the cost of which are billed to and paid by a GODR agency.

PEPFAR will work specifically in Health Information system (HIS) and Procurement/Logistics system development. CDC brings its expertise in HIS to PEPFAR/DR, and this area focuses on the single M&E system, which is a priority for the GODR and the USG. USAID has been working with the MOH on strengthening its procurement and logistics system, through contractor Management Sciences for Health (MSH). Activities will focus on supply management of ARVs and other supplies; developing and institutionalizing a competitive procurement process; institutionalizing a supply chain pharmaceutical management system, with projections of needs to avoid stockouts; implementation of sound storage and inventory practices; and development of a national information system for pharmaceuticals. There will be secondary benefits/intentional spillovers for both of these systems: a functioning HIS can track information on other diseases and conditions (eg, births and maternal health), in addition to HIV/AIDS. And a sound procurement system can be used for purchasing medicines and supplies for virtually any health-related purpose, not just HIV/AIDS.

PEPFAR intends to work with the policy-level MOH officers in these two areas, because leadership and governance issues (e.g., policy, regulation and accountability) are important elements of sustainable systems. PEPFAR will support the training of staff in procurement and information systems, so it will contribute to human resources development in the health sector. However, per the Human Resources for Health (HRH) technical narrative, PEPFAR will not specifically work to increase the number of health workers trained and deployed in the field (the 140,000 goal). PEPFAR/DR considers that the major HR issue in the DR is not a lack of trained staff, but rather their deployment in accordance with the health needs of the different geographical areas of the country. PEPFAR will work with the MOH in this important policy issue. PEPFAR does not plan to work in finance.

The Peace Corps Escojo Mi Vida (I choose my life) program will contribute to health service strengthening (and also to Human Resources for Health), though its work to build a cadre of trained regional coordinators and peer youth educators (human resources development and service delivery), and by supporting the Escojo Consortium (governance/leadership). The Consortium will be the national structure responsible for providing sustainability to the Escojo groups and promoting the Escojo strategy at the national level, through training of staff, supporting educational workshops, and disseminating HIV prevention and other health promotion messages to rural youth.

No HSS assessment has been done in the recent past, nor are there plans to do one in the near future.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	700,000	
Total Technical Area Planned Funding:	**700,000**	**0**

Summary:
HLAB: Laboratory Infrastructure

CONTEXT AND BACKROUND

During the last five years, in collaboration with World Bank, GF and USG, the Dominican Republic has greatly increased its laboratory capacity. Despite the improved capacity, laboratory infrastructure in the Dominican Republic (DR) faces several urgent challenges: staff shortages, inadequate training, poor laboratory management, quality management issues, irregularities in procurement and distribution of supplies, lack of and delays in equipment maintenance and calibration, irregular electricity and poor water supplies, and no standardization of records and reports. Although there is a ten-year health sector development plan and some labs have their annual operational plans, no national strategic plan for laboratory development exists.

Currently two colleges offer the medical technologist degree. Although no specific reports exist on the number of enrolled students, there are approximately 4,000 medical technologists in the country. The largest public university (Santo Domingo Autonomous University or UASD) graduates 95% of med tech students. There is little incentive for students to enter this field: lab conditions are perceived to be of high risk and the existing market (public and private) offers low salaries. Continuing education is not a requirement for maintaining licensure, and opportunities for continuing education are limited and/or costly.

The National Health and Social Security Law (no. 42-01, passed in 2001) includes specific requirements for clinical laboratories. In 2004 the MOH published regulations on acceptable lab practices, biosafety, quality, staff requirements, equipment and confidentiality. The law also establishes requirements for local accreditation, but this process has not been implemented. Little or no monitoring of the quality of laboratory services occurs after operating permits are obtained. According to a 2006 CDC assessment, only 62% of the labs in the country recognize international standards of good laboratory practices, and only five private labs are accredited by these standards. No public labs are accredited by local or international standards. The MOH's quality clinical lab standards are being revised and are based on International Standard Organization (ISO) 15189, specific to clinical labs.

In the DR, HIV rapid test diagnosis is performed in 226 public labs and in 75% of the approximately 600 private labs (there is no official registry of private labs). There is no established national algorithm for HIV testing. Existing laws do not require local validation of lab reagents; the only requirement is that the manufacturer register the product with the MOH. There is no standardized national quality assurance program for monitoring HIV testing. All of these issues became apparent in 2008, when the country faced significant problems with the performance of a nationally distributed HIV rapid test kit. At the request of the MOH, CDC conducted an Epi-Aid and provided specific recommendations to assist the DR to detect and avoid this type of situation in the future.

Six labs in the DR perform CD4 testing: the National Reference Lab (NRL), three NGO labs, and two private labs. In 2009, the NRL performed approximately 11, 328 CD4 tests, while the actual need was estimated to be 60,000. In order to address this gap, two USG supported NGOs performed approximately 12,000 additional CD4 tests. There is an obvious need to expand CD4 testing capacity and access in the DR.

Three laboratories in the country can perform viral loads (the NRL, one NGO lab and one private lab). The NRL has the capacity to cover up to 62% of the country's need. In 2009 the NRL faced a stockout of reagents for approximately six months and was able to conduct only 3957 viral loads tests.

In 2008 early infant diagnosis (EID) tests were sent to South Africa for processing, in collaborative effort between the USG and the Clinton Foundation, through the Pediatric AIDS Initiative (in 2009, 757 EID tests were performed). Recently and with USG support, the NRL started developing the capacity to perform HIV DNA PCR for EID in the DR.

There is no lab network which promotes the common procurement and distribution of reagents, maintenance and equipment support, transportation of blood samples and reporting results. There is no information system for labs to document and analyze data, exchange data efficiently within the tiered lab network, or standardize reporting. MOH biosafety guidelines have not been implemented and are not enforced. Services are generally weak and not easily accessible to high risk groups. There is limited testing for opportunistic infections (OIs) in the public sector.

Accomplishments since last Mini-COP

In order to address some of the training issues and recommendations provided in the 2008 EPI-AID, the USG, in collaboration with the MOH, conducted HIV rapid test training for 112 lab supervisors throughout the country. This training aimed to improve the knowledge and skills of MOH, Armed Forces, and NGO laboratory staff. However, pre- and post-test results continued to show significant gaps in knowledge and skills, and additional training is still needed. In collaboration with the MOH, USG supported a national assessment of training needs. More than 600 lab staff from the public sector participated in this process. Data from this assessment will be available in early 2010 and will be used to develop a national training plan for laboratory staff.

The 2008 EPI-AID also identified the need of having a national HIV testing algorithm and a list of approved (validated) reagents. The USG sent several NRL technicians to CDC/Atlanta, to be trained to perform HIV rapid test reagent validation. The NRL, MOH, Clinton Foundation and USG are currently developing a plan to implement a reagent validation process in the country.

With USG support, CD4 proficiency testing was established in three DR labs (NRL, two NGOs). This program identified serious performance deficiencies, mainly related to equipment calibration, maintenance and internal quality assurance. To address these issues, two technicians from the NRL were trained on CD4 testing at CDC/Atlanta. After this training, equipment was provided with the appropriate calibration and proficiency testing showed significant improvement. USG supported the lab of NGO PROFAMILIA, which provides approximately 7,000 CD4 tests in the northern region of the country. In addition, support was provided for two NGOs to establish a referral system for PLWA to access CD4 tests in Region V (the southeast).

As part of a USG initiative to build the capacity of the NRL to store blood samples, a cold room was built. This room provided enough space to accommodate existing refrigerators and sufficient space for new units. The cold room facility permits closer monitoring and supervision, reduces the maintenance and financial burden of existing generators (which feed the refrigerators during power outages), and frees much needed space for other laboratory equipment.

USG supported the space reconfiguration of the molecular lab. Equipment, reagents, and training for HIV DNA PCR (EID) testing were provided to the NRL. As part of the training, one hundred samples were performed in parallel with South Africa, obtaining a 100% concordance between the two centers. The NRL was enrolled in an external proficiency program and earned perfect scores. It is expected that this program will fully launch in early 2010.

USG initiated a Health Information System (HIS) assessment at 15 sites, including the NRL and two military hospital labs. The preliminary results will be shared with national authorities and a five-year HIS strategic plan that includes Laboratory Information System (LIS) needs of labs at all levels will be drafted.

Goals and strategies for FY 2010

USG will continue to provide TA and funding for CD4, viral load, and EID quality control programs at the NRL. Per the "accomplishments" section above, the USG will work with the MOH to develop a national strategic plan for lab development and strengthening, including norms and guidelines on quality. Support to lab operations will include testing protocols for HIV, TB, STIs and opportunistic infections. TA will also focus on lab biosafety procedures and protocols.

USG will support an MOH human resources audit, which will identify gaps in qualified lab staffing. With the results of the audit, USG TA will assist the MOH to develop a human resources plan for addressing

the gaps.

USG will engage the authorities of the UASD to begin a review and update the medical technologist program of study.

USG technical assistance will work with the MOH to strengthen procurement, logistics and supply chain management.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	2,304,316	
Total Technical Area Planned Funding:	**2,304,316**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	1,200,000	
Total Technical Area Planned Funding:	**1,200,000**	**0**

Summary:
13 - HKID Care: OVC

Context and Background
The Dominican Republic (DR) does not have reliable data which reflect the number of orphans and vulnerable children, and estimates about their numbers vary widely. The 2007 DHS estimates that there are 120,000 orphans under age 15 in the DR and nearly 440,000 other children who live with relatives or other care providers, but not with either of their parents. A 2002 PROMUNDO study estimated that by 2005 there would be approximately 58,000 children either orphaned or at risk of becoming orphaned, due to AIDS. This study also estimated that the mothers of 6,425 children would have AIDS, and mothers of 48,684 children would be living with HIV, but will not have AIDS. It was reported that 21% (12,316) of children orphaned or at risk of being orphaned live in Santo Domingo.

Estimates of the number of children living with HIV/AIDS vary considerably. For example, a CDC study estimates that approximately 11,000 children live with HIV/AIDS in the DR, while the 2007 National Estimates suggest that 2,719 children are living with HIV.

Little is known about the status of these children -- their caretakers, their welfare or their quality of life. There is no current system in the DR to track orphans to ensure that they have acceptable levels of welfare and other services. One of every 47 women nationally may be burdened by the additional responsibilities and costs of caring for orphaned children (PROMUNDO, 2002). In 2007, the Dominican National Council for Children (CONANI), UNICEF and GODR developed a policy to protect children

(including those who are living with HIV or are at risk of being orphaned because of AIDS) and their caretakers. Although the GODR funds some community-level activities for these children with GF money, no national programs to respond to this policy have been established to date. Partially because of the international economic crisis, little or no resources have been allocated to respond to the needs of these children.

Many children in the DR are vulnerable to HIV/AIDS. According to the 2007 DHS, 15% of females and 24% of males initiated sex before age 15. Young women engaging in early sex are generally those with little or no formal schooling and who are in the lowest wealth quintile. Some adolescents living in Bateyes (habitats for sugar plantation laborers) have initiated sexual intercourse as early as 12 years of age, and some who live in border areas as early as ten years of age. Sexual debut at such an early age may be characteristic of sexual abuse, informal transactional sex and/or cross-generational sex, all of which put young people (especially young women) at risk of HIV infection. Twenty-three percent of women 15-49 years old reported having had sex with partners ten years or more older than themselves, including 29% of women in the lowest economic quintile and over 30 per cent of women living in Health Regions IV and VII. Having a partner ten or more years older than oneself is a major risk factor for HIV/AIDS among young women

Accomplishments since the last Mini-COP

Management issues with a USG contrator resulted in serious delays in the implementation of OVC activities. Implementation of this technical area has lagged in relation to other components of the program. However, in the last quarter of FY 2009, grants were awarded and a workshop to train NGOs was held. This workshop focused on OVC support guidelines, specific priorities of mentoring children, and the "Speak for the Child" model. A total of 812 OVCs have been reached through activities and interventions. It is expected that for FY 2010, a greater number of OVCs will be attended by USG-funded NGOs, CBOs and FBOs.

Goals and Strategies for FY 2010

In order to increase our understanding of the OVC situation in the DR, the USG will conduct two assessments. In FY 2010, USG will update the 2002 PROMUNDO study to determine the number and situation of OVC and children at risk of becoming orphaned. An additional assessment will determine the situation of street children, their HIV seroprevalence status, and risk factors such as the use of drugs and sexual abuse.

USG will support and implement OVC activities, including those which target street children, through NGOs, FBOs and CBOs in the provinces with the highest estimated number of children in need and along the Haiti-DR border. It is expected that NGOs will reach approximately 2,300 OVCs in FY 2010 with a basic package of services for children (up to age 17), including ensuring access to basic school education, school books and uniforms, legal support to obtain birth certificates, access to health services (including immunizations and reproductive health), targeted food and nutritional support for those with poor nutritional status, and vocational education for children over 15 years of age. Technical support and income generation activities will be provided to their parents or guardians, as a means to avoid the need to send children into the street to earn their living.

USG will continue to work with the Ministry of Education (MOE) to ensure that orphans and vulnerable children are enrolled in and attend school. Programs for adolescent OVC include ensuring that they continue in school or are referred to vocational training programs. USG will work closely with other agencies, such as the Spanish Cooperation and the Jesuit Order, to support legal services for OVC, their families and caretakers, and to obtain birth certificates for children and their families. This is especially important, given that UNICEF reports that 26% of the poorest children in the DR do not have birth certificates, a requirement for school enrollment.

USG will support NGOs and the MOH to provide health care to OVC, and will continue to work closely with NGOs and public hospitals, especially in the border areas, to develop and strengthen VCT and reproductive health programs for at-risk adolescents. USG will work with USAID's Rule of Law program to draw attention to OVC issues through human rights work. As a wrap-around activity, USAID's Democracy and Governance program supports the training of prosecutors and judges to enforce child protection legislation developed with USG support. Given that OVC are included in the 2009-2029 National Development Strategy, USG is advocating with the GODR to ensure that GF monies provide support to NGOs working with OVC and their caretakers.

Community support programs to OVC are not sustainable. Direct support from the GODR and/or cooperating agencies is required, since OVC generally are unable to pay for these services. USG will continue to focus on increasing the capacity of NGOs to render their operations more efficient, but the reality is that they will continue to require external assistance in order to survive. Private sector support to OVC programs will be fostered by promoting corporate social responsibility in the Dominican private sector. Religious organizations may play a key role in supporting OVC programs, as demonstrated by the vigorous response and participation of FBOs in an OVC pilot project with PROMUNDO. In addition to the technical assistance provided on HIV/AIDS issues to NGOs, CBOs and FBOs, USG works with NGOs to strengthen their administrative, financial and management capacity. This is necessary (but not sufficient) for their sustainability, since for NGOs to receive funding from the GODR, they need to submit to a qualification process and be registered.

USG will dialogue with and support the GODR to establish the necessary policies and allocate the funds to address issues that impact OVC and vulnerable children. USG will provide TA and support to NGOs, FBOs and the network of persons living with HIV/AIDS, to advocate for OVC and vulnerable children issues, promote appropriate public policies, and strengthen their capacity to implement OVC activities.

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDTX	50,000	
Total Technical Area Planned Funding:	**50,000**	**0**

Summary:

13-Pediatric Care, Support, and Treatment

Context and Background

In the Dominican Republic (DR), the GODR implements pediatric AIDS services in six facilities (two public hospitals and four NGO clinics). Standard pediatric services, including immunizations, are included in the basic "package of services" funded under the GODR's National Family Health Insurance Plan (FHI). MOH and the Network of Persons Living with HIV/AIDS have negotiated with the GODR and obtained coverage under FHI for 3,000 PLWA, but it is unknown how many of these are children. However, it is important to note that ARVs and special diagnostic tests are not covered by FHI. In an effort to fill this gap, Global Fund (GF) support has been used to provide ARVs, medications for opportunistic infections (including cotrimoxazole), and a limited number of CD4 tests. The USG has funded a major portion of tests (especially CD4 and viral load), but the costs of these services are significant, and the lack of coverage by GODR and the FHI plan threaten the sustainability of testing services.

The DR 2007 National Estimates report that 2,719 children are currently living with HIV (1,328 boys and 1,391 girls). A 2007 PAHO/UNICEF evaluation estimated that annually at least 600 are in need of ARV treatment. This number only reflects cumulative cases and does not include children born to mothers undiagnosed by the PMTCT program. As of August 2009, the MOH reported that only 1,047 (38.5%) of the estimated children living with HIV were receiving ARV treatment (851) or basic care (196), through 27 of the 67 comprehensive HIV/AIDS care services located within public and NGO health facilities. These numbers reflect the limitations in the availability of pediatric services and early detection of HIV in infants, both of which are necessary to ensure that children receive timely diagnosis, treatment and care. In addition, many of the pediatric services are concentrated in a limited number of cities, making access to services difficult for families living in distant provinces and communities.

A weak laboratory network and lack of an efficient referral system contribute to this situation. The DR's Early Infant Detection (EID) Program still faces multiple challenges to ensure early detection and referral to services, proper data collection and reporting. Some of these challenges include: lack of an operational and sustainable referral system, lack of appropriate equipment and software to ensure accurate reporting and patient notification of results, questionable data quality, safe transportation of samples, and monitoring the reliability of reagents and supplies.

Weaknesses in PMTCT service provision have an impact on children born to mothers living with HIV and the number of pediatric HIV infections identified. The PMTCT coverage in the DR remains low. A 2007 USAID/UNICEF/PAHO evaluation concluded that, although nearly all pregnant women receive antenatal care (98%), PMTCT services were only provided to 19% of expected pregnant women. At the present time, the average number of dried blood spot (DBS) samples tested is about 70 per month (only 26 facilities are sending samples regularly).(See also the PMTCT technical narrative)

USG interventions will continue to complement the work funded by UNICEF, the GF and other donors in pediatric care and treatment. More specifically, the USG will build on work done in FY 2009, during which the National Reference Laboratory (NRL) was fully equipped, staff was trained, and an external validation process was put into place, to allow for the local processing of DNA PCR dry blood samples. USG efforts will focus on building the capacity of additional health facilities to collect and package DBS, provide cotrimoxazole prophylaxis, and support an integrated approach for PMTCT, infant follow-up services, and pediatric HIV care and treatment.

Accomplishments since last COP

USG provided support to selected NGOs to aid in the referral of children born to HIV-positive mothers and provision of home- and community-based care to these families. Assistance was provided to health facilities in Region V (the southeast coast) and Region VII (the northwest coast) to strengthen PMTCT service provision.

The USG provided TA, training and the necessary equipment to the NRL so that HIV DNA PCR on dry blood samples could be processed in the Dominican Republic. As part of the training and an external quality assurance excercise, one hundred samples were processed in parallel with the reference laboratory in South Africa, obtaining 100% concordance between the two laboratories. In September 2009, the Virology Department of the NRL was enrolled in the CDC/Atlanta external quality control program.

Goals and Strategies

USG will provide support to the MOH to expand HIV testing services for infants born to HIV-positive mothers and refer them to treatment and care services in public hospitals. In FY 2010, reagents will be procured for 5,000 HIV DNA PCR tests. A pediatric treatment pilot project initially will be implemented in 16 public hospitals, two of which are near the border and fourteen are in Region V. Ten of the sixteen already participate in the USAID/MCH “Centers of Excellence” Project, thus gaining synergies and a wrap-around effect. Health teams will be trained to implement and monitor pediatric HIV care and treatment norms. Pediatric care interventions are closely linked with strengthened PMTCT services (see PMTCT section). To the extent that the PMTCT program coverage is expanded, the MOH will increase the number of pregnant women and their infants who have access to quality PMTCT, and thus avert pediatric infections.

In the aftermath of the earthquakes in Haiti and the massive USG contribution to Haiti’s recovery, it is likely that the Binational component of the PEPFAR/DR program will undergo adjustments to accommodate the new reality of Haiti. Currently it is not possible to know the scope, breath or impact of this on either country, or how this might affect the pediatric treatment. Appropriate changes will be integrated between the Haitian, Dominican and USG partners in a collaborative process as more information becomes available. For now, USG plans to continue to provide TA, training, some physical renovations, and limited procurement of equipment in support of cross-border pediatric treatment activities, including sharing patient information, referrals, common treatment and follow-up services for children.

In order to provide the necessary linkages among health facilities and the communities to deliver test results, improve the referral of children and their families to health services, support community-adherence activities and provide community- and home-based care services, USG will continue to fund selected NGOs, FBOs and CBOs (See OVC and Adult Care sections).

USG will work with the National Reference Lab to strengthen existing systems for sample collection, storage, transportation, diagnosis, results provision, and follow-up with care and treatment. TA and support will be provided to strengthen the supply management system, including procurement of reagents and other supplies, the transportation of samples, and training of staff in early infant diagnosis, including

systems for collection, storage of samples, transportation, diagnosis, results, and follow-up with care and treatment,

USG and its local and international partners will continue its policy dialogue efforts to help PLWA obtain FHI health coverage and to encourage gradually increasing levels of GODR funding to pediatric treatment, which will help ensure the sustainability of these services.

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	1,300,000	
Total Technical Area Planned Funding:	**1,300,000**	**0**

Summary:
01-MTCT Prevention: PMTCT

Context and Background

The Dominican Republic (DR) registers more than 250,000 births yearly. The 2007 DR DHS concluded that nearly all Dominican women have access to institutional care: 98% had some type of prenatal care and 97.5% delivered in a hospital (mostly in public facilities). Currently, 183 public facilities provide prenatal care, of which 133 (72%) have staff trained to provide complete PMTCT services. However, of these, only 54 report data to the MOH (as of August 2009), so it is unclear how many sites actually provide a complete course of PMTCT services.

PMTCT coverage in the DR is low. A 2007 USAID/UNICEF/PAHO evaluation noted that, despite high prenatal care coverage, only 19% of the total expected number of pregnant women accessed PMTCT services. Data reported in August 2009 show a deterioration of PMTCT services compared to 2008. In 2008, 1,569 pregnant women were diagnosed with HIV and obtained their test results. However, MOH data show that as of August 2009, 49,710 pregnant women received HIV counseling and testing services and 816 pregnant women were diagnosed with HIV (but only 432 or 53% received ARV prophylaxis), of a total estimated 4,144 [250,000 total pregnancies X 97.5% who deliver in public hospitals X 1.7% estimated seroprevalence in ANC (MOH 2007 ANC Surveillance Study)] = 4,144 pregnant women with HIV]. Thus, only 20% of the estimated number of HIV-positive pregnant women were reached, as of August 2009. In addition, MOH reports that only 501 or 13.5% of children born to HIV positive mothers were provided with ARV prophylaxis during FY 2009. Obviously the gaps for attention to mothers and children are huge.

In 2007, UNAIDS estimated the national HIV seroprevalence among pregnant women at 1.7% (5.9% in border areas and 3.4% in hospitals in Region V). Poverty and low educational levels continue to be important factors among those most at risk groups. The 2007 DHS showed that HIV prevalence among women with no formal education was over twelve times higher than among women with higher education (3.7% and 0.3%, respectively) and over four times higher than women in the general population (0.8%). Women in the bottom quintile also had almost five times higher HIV prevalence than women in the top quintile (1.8% and 0.4%, respectively).

The 2007 USAID/UNICEF/PAHO evaluation identified a number of systemic roadblocks to implementing a quality PMTCT program, including supply chain issues (resulting in shortages of ARVs and reagents), problems of healthcare providers adherence to norms and protocols, inadequate early infant diagnosis (EID) and follow up services (e.g.: cotrimoxazole), stigma and discrimination, M&E and data quality. In the DR navirapine (NVP) is the primary form of prophylaxis for pregnant women. The combination of ARVs has been included in the new guidelines, which are pending approval. Once approved, USG will support MOH staff training on their use. An important challenge will be to ensure that the additional ARVs are included in the procurement and logistics system and distributed to the 133 sites where integrated care is offered. Cotrimoxazole is not readily available. Under current guidelines, infants and their mothers will only receive cotrimoxazole prophylaxis if there is an opportunistic illness present, but this will change when the new guidelines are approved. The current information system does not collect data on patients who may have received cotrimoxazole

All PMTCT sites in the country are set up to do rapid tests, although stockouts of test kits are frequent. Rapid tests can be performed using blood from a finger prick, but they are usually done from drawn blood. Dominican law and MOH regulations require that rapid tests be conducted only by a licensed laboratory technician; test results, therefore, are frequently not available for several weeks. Rapid test kits purchased in 2008 and 2009 have been inconsistent in brand, quality, reliability and availability, even with TA from the USG. Training and support for lab technicians is weak, and a CDC EPI-AID report uncovered evidence that not all lab technicians follow the guidelines or know how to properly use rapid tests. Stock-outs are frequent, due to the fact that Global Fund RCC grant provides only 30% of the estimated need for rapid tests. Due to the economic crisis, GODR financial support to public hospitals has been irregular, and some hospitals received only three months of funding in 2009, instead of the full year. A limited number of public sector and NGO facilities provide CD4s tests. NGOs PROFAMILIA and Clinica de Familia MIR have been the most consistent sources for reliable CD4 tests. The CD4 equipment in the National Reference Laboratory is frequently in disrepair for months at a time. The viral load equipment has been without reagents for almost a year. In addition, the Clinica de Familia MIR CD4 equipment, which provides diagnostic support to Region V (the southeast), must be replaced, because it has been out of order at least twice in 2009, and it can only handle small numbers of samples.

Breast feeding is not widely practiced in the DR. Only 11.3% of infants are exclusively breastfed for three months; this drops to 7.8% for five months and to 0.3% for six to nine months (DHS 2007). Formula, water, teas and juices, and other liquids are given as complements. Although women receive counseling and support on proper infant feeding, cultural issues in the DR mitigate against exclusive breast feeding. It is GODR policy to provide formula for infants born to HIV positive mothers, since breastfeeding can put the babies at risk of acquiring HIV.

The on-going health sector reform process has also weakened the PMTCT program; responsibility for services and staff have been moved to the regional level. The transition in roles and responsibilities has taken time and no transition plan exists. USG and other cooperating agencies recommended that the MOH develop and gradually implement a transition plan, but the GODR did not agree to this recommendation. Many of these issues have been discussed with MOH authorities and within the Global Fund CCM, since they affect other components of the national program as well. There is concern that Congressional elections, programmed for May 2010, may impact the transition process and the program even further, by diverting resources and staff attention away from these issues.

Stigma continues to affect PMTCT program effectiveness. PLWA networks are invaluable partners providing emotional and psychological support to pregnant women, including strategies to disclose their serostatus to their partners, and encourage partner testing and involvement during and after pregnancy.

Although during FY 2008, the GODR had shown a strong commitment to PMTCT by allocating a significant amount (about 20%) of its HIV/AIDS funding to PMTCT activities, the economic crisis and the transition to the regional service networks have deteriorated the quality of the services and the linkages to treatment and care programs. The MOH also adopted the "Zero Tolerance" (of error) strategy in the PMTCT program (and other technical programs as well), but this good intention is not fully reflected in the practice.

Plans for National Scale-up of PMTCT services

No additional PMTCT sites have been incorporated since 2008. For FY 2010 and beyond, USG activities are designed to consolidate and strengthen current PMTCT services, rather than advocate for expansion.

Accomplishments to date

As explained above, in addition to the economic crisis, multiple systemic factors have affected FY 2009 targets. USG provided direct support to 26 public hospitals which provide PMTCT services. In these hospitals, 17,557 of the 19,263 expected pregnant women received HIV counseling and their test results. Two hundred ninety eight women were projected to be identified as HIV positive (assuming a seroprevalence rate of 1.7%), but only 126 (42%) received ARV prophylaxis in a PMTCT setting. These results do not include the patients serviced through the public-private partnership of the Hospital Gonzalvo and Clinica the Familia Mir, because the MOH does counted them as official statistics. Through this collaboration pregnant HIV positive women are provided service in the NGO clinic and refered to the hospital for delivery and then subsequently referred back to the clinic for ongoing post-natal care, early infant diagnosis and support.

In 2009, the USG trained three NRL staff on performing DNA testing for EID and in collaboration with the Clinton Foundation. The number of sites which submitted DBS samples continues to be inconsistent; through 2009 the number of sites varied from 21 to 51. In 2009, 753 children were tested as part of the EID program through the Clinton Foundation agreement in South Africa. In January of 2010, the NRL assumed the responsibility to receive and process EID samples. It is expected that results will be available within two weeks of the test.

Goals and Strategies for FY 2010

The USG will work with the MOH to strengthen its ownership of PMTCT, improving coverage, service quality and data collection in the National Program. As part of quality improvement, USG will provide

support to improve and expand the capacity to provide timely and accurate early infant diagnosis (EID) services, encourage the "opt-out" testing option, train care providers in the updated PMTCT and Pediatric guidance, and expand access to CD4 testing services in public and military facilities. USG will continue to strengthen MCH services, especially in the USAID "Centers of Excellence," to support PMTCT care in a mutually-supporting, wrap-around arrangement.

Health care providers will be trained in dry blood sampling for EID and establishing referrals for women and their infants. A revised and improved logistics system, supported with USG technical assistance, will transport DBS and other blood samples to the National Reference Laboratory and communicate results back to the appropriate hospital departments in a timely manner. With MOH approval, opt-out testing will be implemented as a pilot program in selected facilities. NGOs will be integrated into the system to assure linkages between hospitals and their communities.

In FY 2010, the USG will conduct an assessment to determine the PMTCT program information needs. Following analysis of the assessment, a behavior change communications strategy will be developed and implemented at the pilot sites. This strategy will include distributing educational materials, training and other IEC activities to strengthen the commitment of health providers and heighten awareness of the PMTCT program among patients and their partners.

The USG will provide NGOs, FBOs and CBOs with technical assistance and support to create awareness in their respective communities of the health services available at the hospitals for women and their infants, provide linkages between hospitals and their communities, work to improve retention of mothers and their infants in follow-up, and provide emotional and psychological support to HIV positive women and their families.

In an effort to improve the availability of quality PMTCT data for decision making, the USG will work with the MOH to strengthen information systems at the participating hospitals and at MOH regional offices. These information systems will be integrated with those created to monitor Maternal/Child health service delivery and other HIV/AIDS services.

In FY 2010, the USG will provide funding for 60% of the rapid HIV tests, reagents for CD4s, DNA PCR and viral load tests. The GODR will provide the remaining reagents, staff support and other commodities as it assumes an increasing financial responsibility for the PMTCT program. USG TA will assist the GODR to strengthen the MOH central and regional service networks and build capacity in the MOH to take on an increasingly important role in providing universal access to quality PMTCT and MCH services. In addition, the USG will assist the NRL to implement a national quality assurance program for all of the rapid tests which are conducted in the public sector.

Funding issues

The Global Fund RCC grant (which was reduced by 10% prior to approval) will only provide support to 30% of the expected number of HIV positive pregnant women and their infants. This will leave many HIV positive women without the services they need. Sixty-five percent of the total RCC budget will support the procurement of ARVs. The PEPFAR program will fund a gradually reduced number of rapid HIV tests and reagents over the five-year implementation period, with the expectation that the GODR will assume a greater portion of this burden with its own funds. Additionally, the global economic crisis is being felt in the DR health sector. The annual national budget to the MOH in 2009 was reduced, and in turn, the MOH has limited the support provided to hospitals.

In the aftermath of the earthquakes in Haiti and the massive USG contribution to Haiti's recovery, it is likely that the Binational component of the PEPFAR/DR program will undergo adjustments to accommodate the new reality of Haiti, including a surge in the number of pregnant women seeking services in Dominican hospitals. Currently, it is not possible to know the scope, breadth or impact that this will have on either country. Appropriate changes will be contemplated among Haitian, Dominican and USG partners in a collaborative process as more information becomes available.

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	481,800	
HVOP	3,675,500	
Total Technical Area Planned Funding:	**4,157,300**	**0**

Summary:
03. HVOP –Other Prevention

CONTEXT AND BACKROUND

The HIV epidemic in the Dominican Republic (DR) is primarily driven by risky sexual behaviors. Early sexual debut, multiple concurrent partners, cross-generational sex, MSM behavior and commercial/transactional sex are drivers of the DR HIV epidemic. The epidemic is influenced not only by its own internal dynamics, but also by its proximity to Haiti [which has a serprevalence rate approximately three times that of the DR].

The 2007 DR DHS and 2008 Behavior Surveillance Survey (BSS) suggest that the HIV epidemic is primarily driven by loosely characterized resident and/or mobile populations, which contribute disproportionately to the country's HIV burden, as compared to the proportion of the general population they occupy. For this reason, the USG strategy to assist the GODR incorporates a gradual shift in emphasis towards most-at-risk populations (MARPs), rather than geographical areas.

Based on the 2007 DR DHS and the 2008 DR BSS, the HIV prevalence rate has stabilized at an estimated 0.8%. The DHS reports that 15% of females and 24% of males initiated sex before age 15 and 46% of women report having had sexual relations prior to age 18. Of these, 28%, 7% and 10% reported 2, 3 and 4 or more sexual partners respectively in the previous 12 months. In two border cities, 28% of sexually-active adolescents reported having a first sexual relation before age ten. Such early sexual

debut may be characteristic of sexual practices which put young people (especially women) at risk of HIV infection. The DHS reports that approximately 20% and 25.3% of women ages 15-17 and 18-19 had sex partners during the previous year that were 10 years or more older than them. This percent increases to 29% in women in the lowest wealth quintile and to 33% in rural areas.

The DHS identifies at least two subgroups whose contribution to the DR HIV epidemic exceeds their proportional contribution to the total population of the country: (1) women with four years or fewer of formal education and (2) residents of Bateyes' (habitats for seasonal sugar cane workers, many of whom are of Haitian descent). Likewise, two health regions of the country with different characteristics, Region V (southeastern coast, where tourism, agriculture, and construction are the principal occupations), and Region VII (northwestern coast with a border with Haiti) disproportionately contribute to the country's HIV burden in a similar fashion. Together, they account for 14.1% of the population, yet contribute 23.7% of the total HIV burden in the country.

Other MARPs include drug users, commercial sex workers (CSW), men who have sex with men (MSM), members of the military, and prisoners. The DHS eximates that 6-9% of the adult male population engages in MSM behavior. The size of the MSM and CSW populations cannot be estimated with certainty, since the BSS sample is representative only of four urban centers. However, data from 2005 estimate the total number of CSW and MSM in the DR at 100,000 and 560,000, respectively, and therefore their contribution to the HIV epidemic in a country with a population of 9.8 million may be substantial, especially given their potential to bridge into the general population.

Low condom usage is also a factor in the epidemic. The DHS showed that only 44% of men and 38% of women (both age 15-24) used a condom during their most recent high risk sexual relation. The BSS found that less than one-third of CSW and less than one-half of MSM reported that they always used condom with a stable partner. Over 13% of MSM reported being married or in a union with a woman. Such behaviors are examples of bridging of the infection from at-risk populations to vulnerables ones (e.g., MSM who may have unprotected sex with a female partner). In spite of these low usage figures, a PSI study showed that condoms are readily available; 72% of condoms are sold in or near neighborhoods frequented by MARPs, and 83% of those surveyed indicated that they had access to condoms.

In 2009 the "Survey of Behavior Associated with STI/HIV/AIDS among Military Personnel Stationed along the Dominican-Haitian Border" assessed the prevalence and determinants of high risk sexual behavior among military personnel stationed at major border crossings. Data from this study show that Dominican military personnel in these areas exhibited significantly more risky sexual behaviors than the general population, including multiple sexual partners, sexual coercion, sex with high risk members of the community and unprotected sex. The total size of the DR military population was estimated to be 60,000 in 2005.

Prisoners are another at-risk population. Currently, the DR has 37 prisons, holding approximately 16,000 inmates (15,200 males, 600 females, and 200 minors). Most of the prisons are seriously overcrowded. A 2008 UNAIDS study of five facilities reported that most inmates present low self-esteem, depression and

suicidal tendencies, due to the hardship and abuse they received, including forced homosexual practices. Few prisons have adequate health units, and virtually no health screening is performed upon arrival. The 2006 TB external evaluation reported a high incidence of TB in four facilities.

Bateyes are settlements of sugar cane laborers. Many do not have water systems, adequate waste management, or regular health services. The estimated composition of the Bateyes population is 60% born in the DR (many of Haitian descent) and 40% Haitian immigrants. A PSI study demonstrates that 98% of the population 20-49 years of age is active sexually, and of those, 20% have more than one partner. An estimated 600,000 to one million undocumented Haitian immigrants live and work in the DR, in tourist hotels, the agriculture sector as field laborers, in consturction and in other industries. This population is considered to be at high risk, given that most are men who are separated from their families and who have a relatively steady income.

With the cooperation and participation of selected NGOs, the PSI social marketing program has distributed more than 65 million PANTE condoms through retail shops, brothels and other similar sites throughout the country. Social marketing of condoms has begun in Bateyes, using NGOs supported and trained by USG. GODR imported 2 million no-logo condoms for distribution in prisons, the Armed Forces and at VCT sites. Approximately 400,000 more condoms will be distributed through PROFAMILIA's social marketing family planning program. KfW had assumed procurement and distribution of PANTE condoms in 2006, although it is now asking the USG to share the cost of the program through FY 2013. USG has resumed providing 15 million Pante condoms per year and will provide funds to PSI to expand the social marketing program. PSI and USG are considering including female condoms and a new brand of male condom in the expanded project, since to date female condoms have not been introduced successfuly.

Per the approved Partnership Framework (PF) and the draft Partnership Framework Implementation Plan (PFIP), PEPFAR strategy and activities complement and are fully aligned with the Dominican National Strategic Plan for HIV/AIDS (2007-2015) and the National Response to HIV/AIDS. Although GODR policy statements reflect the importance of prevention interventions among MARPs, most of its funding (including Global Fund programs) goes to ARV treatment. USG is the largest donor to the NGOs which work with vulnerable and most-at-risk groups, and it is unlikely that the GODR will provide major funding to these NGOs in the near future. USG funds NGOs which represent the Network of Persons Living with HIV/AIDS, which plays an important role for public policy advocacy and community outreach. UNAIDS works in policy and advocacy, and promotes the "Three Ones", of which the single M&E System currently is being developed in the DR.

Accomplishments Since the Last MiniCOP

Since 1962, approximately 4700 Peace Corps Volunteers (PCVs) have dedicated over 10,000 person-years to community and human development in all parts of the DR. Between160-180 PCVs currently work in 165 communities, mostly rural villages or small towns. The majority of PCVs work with young people between the ages of 10 and 25. The Peace Corps Escojo Mi Vida (I Choose My Life) program has targeted sexually-active adolescents with ABC messages and community activities. This effort supports local public and private organizations to teach youth about healthy life styles, life and career decision-making, prevention of HIV/AIDS/STI infections and avoidance of unwanted pregnancy. Sexual and reproductive health training is provided to peer educators, who in turn work with their fellow adolescents to transmit an array of prevention messages. PCVs provide community education on correct,

consistent condom use, and sensitize community members with anti-stigma and discrimination messages.

USG has supported HIV/AIDS sexual prevention programs for CSWs, MSMs, and residents of Bateyes. A USG contractor employs a methodology to involve communities in HIV/AIDS prevention activities, promote the use of condoms, and create awareness on sexual abuse, gender-based violence and transactional sex. During FY 2009 USG-funded NGOs trained 680 individuals to promote HIV/AIDS prevention messages and provide support to nearly 40,000 individuals of targeted at-risk populations and refer them to STI/HIV/VCT services.

USG contracted with two NGOs to assist the Armed Forces to develop their HIV/AIDS policies, establish eight VCT sites, train staff, develop and implement HIV prevention educational materials for enlisted individuals, develop a train-the-trainers program.

USG continues to support the "100% Condom Strategy" carried out by partner NGOs targeting CSWs, their clients and business owners in bars, brothels, and other areas with commercial sex activity in Region V and the border areas. At these sites, they promote correct and consistent condom use, distribute condoms, encourage decreased use of alcohol and other drugs, promote HIV and STI screening, conduct education activities and distribute prevention information. The USG continued to work with GODR to develop and implement a national condom policy, which will stipulate the responsibilities of the GODR and the commercial sector and promote compliance with national AIDS legislation (e.g., no import taxes levied on condoms).

USG is providing matching fund support to an innovative Global Development Alliance with Major League Baseball (MLB) that leverage MLB resources from players, teams and fans to reach at-risk Dominican youth with ABC messaging for adolescents ages 15 and older.

Goals and Strategy for FY 2010

In order to understand the behaviors of MARPs, USG will carry out a BSS study on mobile populations, street children and prisoners. The results of these studies will inform the prevention activities which will target these same populations.

The current Global Fund RCC grant supports limited activities targeting CSWs and MSMs, and the Global Fund COPRECO/LAC regional grant will fund activities which target military service personnel. As a member of the CCM and through its DOD component, PEPFAR has established a coordinating relationship with the Dominican military.

IEC activities to educate MARPs on avoiding risky sexual behaviors will be continued and reinforced. IEC for mobile populations, emphasizing risk-reduction and adoption of healthy life styles, will be prepared in Spanish and Creole, and Creole-speaking peer educators will be recruited and trained to work with Haitians on the DR side of the border. TA and support will be provided to the MOH and NGOs to deliver appropriate and user-friendly clinical services to address the needs of these populations.

The Peace Corps Escojo program will continue to receive support. In FY 2010 PCVs will train approximately 1400 community peer educators to carry HIV prevention and healthy life style messages to their communities. Part of Escojo includes working with young men on male norms of behavior, including respect for women and girls and reducing the number of sex partners. The Ministry of Education Life Skills curriculum (see Sexual Prevention: AB) and the Global Fund COPRECO grant, targeting the militaries of the region, will also include male norms. NGOs who have been working with MARPs will continue to receive funding from the PEPFAR program.

USG will continue to support the PSI social marketing program, on a cost-sharing basis with KfW. This support will include the provision of 15 million Pante condoms per year, the introduction of a new brand of condom targeting MSMs, and promotion of the female condom.

In the aftermath of the earthquakes in Haiti, it is very likely that the Binational program will undergo adjustments, to accommodate the current reality of Haiti. At the time of the writing of this COP, it is not possible to know what form those adjustments will take. They will be done at the appropriate time and communicated to OGAC. However, the current intention is that USG will promote dialogue and planning for a Binational program, in full collaboration with the Government of Haiti, GODR, and PEPFAR/Haiti, based partially on the results of the mobile populations BSS. PEPFAR/DR will provide TA and logistical support for the planning/approval process, which will address, initially, cross-border prevention and treatment. Per the IEC section above, materials will be prepared in Spanish and Creole, using the appropriate materials which USG/Haiti may already have developed.Current USG grantee Partners in Health will continue to provide prevention and treatment services on both sides of the border.

USG staff in the Dominican Republic has cumulative experience and competence in sexual prevention. USAID has many years of experience in support of Dominican National Respone; CDC has a prevention specialist on staff; the technical officer for the DOD comes from the MOH and has many years of implementation experience from the GODR perspective. The Peace Corps Escojo program has many years of accumulated experience and is well established and accepted by Dominican partners. In all, the PEPFAR/DR team is fully competent to carry out the responsibilities outline in this COP.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	250,000	

Total Technical Area Planned Funding:	**250,000**	**0**

Summary:
Context and Background

Surveys have formed the backbone of the HIV information system in the Dominican Republic (DR) and have been used to characterize the HIV epidemic. Since 1978, with USG support the DR has conducted demographic and health surveys (DHS), establishing local capacity to carry out sociodemographic surveys with biological markers. This capacity resides largely in the NGO sector; however, the MOH has also been an active participant and has a cadre of staff trained in this methodology. Recently the GODR provided a major portion of the costs of important surveys, such as the 2007 DHS, while donors continue to complement local funding to cover some of the additional costs.

DHS were conducted in 2002 and 2007 and has incorporated serological determination of HIV prevalence. Both over-sampled Bateyes (habitats for sugar plantation laborers) residents, in order to have more in-depth understanding on the dynamic between the HIV/AIDS epidemic and this most-at-risk population. Since 2002 behavioral surveillance surveys (BSS) have been conducted. In 2008 a BSS was conducted in three priority populations: FSWs, MSMs and drug users. Although this effort has provided valuable data, it clearly reflected the need for further information, primarily on mobile populations in the country.

Since 1991, in collaboration with USG and other donors, the DR has conducted national HIV sentinel surveillance (NSS) in pregnant women, female sex workers and STI patients to detect tendencies over time, but with a limited and inconsistent number of public clinics . Since 2004 the NSS has been expanded to cover syphilis and hepatitis B. Quality control has been conducted primarily by national reference laboratory. To date, support has been provided to the GoDR by UNAIDS, USG and Global Fund to conduct NSS on a biannual basis.

In October 2006, a characterization of the STI/HIV/AIDS Surveillance System in the Dominican Republic was conducted by a CDC-GAP/SESPAS/USAID team. The effort was an active collaboration among staff from DIGECITSS, MOH Surveillance Department, USAID and CDC. Among the main weaknesses identified were:

* Lack of a unified system of surveillance reporting,
* Centralization of most activities
* Absence of computer infrastructure
* Significant delays in data transmission
* Absence of case reporting by smaller public health centers
* Few surveillance training opportunities for staff

The goal of this process was to develop a two year work plan for an STI/HIV/AIDS surveillance system, with second generation approach. The main components of the plan are: case notification, which includes a pilot for the new HIV case definition proposed by WHO/CDC; monitoring and evaluation, health prevention and promotion based on surveillance data, biological and behavioral surveillance, surveillance

of ARV and other sources (TB, mortality and costs) and strengthening of HIV laboratory, all of which represent cornerstones for an HIV/AIDS second generation approach.

The DR continues to rely largely on donor funding to maintain the surveillance system. Surveillance data are not uniformly collected, shared and utilized for sound decision-making. Deficiencies in technical and human capacity to perform epidemiological, routine and laboratory surveillance still exist, and low salaries impede staff recruitment and retention, leading to poor program planning, standardization, and management.

Under current MOH norms, the National Directorate of Epidemiology (DIGEPI) is the primary responsible partner for collecting and processing all service data in the public health sector. DIGEPI manages two systems: an early alert system to notify communicable diseases and service data. However, parallel systems still exist, which do not report to DIGEPI. One example is the integrated care information system (SIAI) from the national AIDS program . It is important to mention that the private sector is not currently reporting mandatory case notification, creating a sub-registry which CDC estimated to be at least 60%. The national AIDS case reporting system needs to be drastically improved. The MOH currently estimates that only about 20% of AIDS cases are currently been reported.

The MOH has taken steps to develop and implement an integrated Health Information System. Collectively, these information systems will attempt to gather the information which has been historically scattered and collected vertically by programs and has not been shared or analyzed. To date, there is a system to monitor ART patients attended in health facilities, the Integrated Attention Information System (SIAI), that is designed to measure the impact of interventions on PLWH in follow-up and treatment. However, its use to date has been limited due to omissions by medical personnel on filling out the data that would allow impact factors to be determined. SIAI has also been recently improved to include national registers for Counseling and Testing, HIV Rapid Tests, and TB information purposes but these components have not yet been implemented, resulting in continued reliance on an array of manual instruments to tabulate data. This is also true of laboratory services that rely on multiple, non-standardized blank notebooks to record data on all tests performed. Despite having drafted a strategic plan in 2006 for upgrading their information system, the National Reference Laboratory (NRL) has struggled with implementing the plan and needs technical assistance to develop and implement a functional information system. Another information system for collecting routine health information is in the planning stage, but it is not clear how much this system overlaps with SIAI and how it fits into to the overall national plan.

The health sector reform also plays an important role on how data will be collected and reported. The reform calls for two levels: one responsible for the supervision and data collection (provincial level) and one for service provision (regional level). At the present time there is a disjointed effort, and no linkages have been established to harmonize efforts between these two entities to ensure the sharing of information for decision making. Although progress has been made, the system lacks a standardized process to gather, consolidate and validate the quality of data. To date, these limitations have hindered the GODR's ability to disaggregate data and report certain required indicators. As a result of these weaknesses in HIS, the MOH often relies on studies to monitor service delivery around the country.

Current monitoring and evaluation activities are deficient in quality and scale, incomplete in coverage and not linked into a system. National goals are only generally described in the National Strategic Plan, not quantified, making it difficult and inexact to track progress toward them. Other targets, such as the UNGASS goals, are taken as surrogates. The need to establish a National M&E Plan has been stated to

be a high priority by the GoDR and will be supported by USG together with Global Fund and UNAIDS.

Accomplishments since last Mini-COP

To date, the GODR tracks solely the information reflecting services and programs supported by the Global Fund, but not the programs of other donors (including the USG). In FY 2009, the USG supported the development of an information system to capture data to enable the GODR to track HIV programs and services supported by all donor agencies. This support will continue in the upcoming years, in collaboration with GF and UNAIDS.

In collaboration with MOH, USG conducted preliminary HIS assessments at 15 sites across four health regions to start an inventory of paper and electronic information systems used by various programs / departments at the facility level, work toward understanding the current state of information flow for reporting purposes, and identify opportunities for interventions to improve data quality. Sites visited were a diverse mix: the National Reference Laboratory, eight NGOs (including in one Batey), three public hospitals (municipal, provincial, and regional levels), two military hospitals, and one private hospital. As a result, USG now has concrete knowledge on the "as is" state of the HIS network for more credible contributions to national discussions on strategic planning.

Goals and Strategies for FY 2010
In 2010, the USG will provide TA and support to the GODR to develop a National M&E Plan, part of the effort to define and establish a single national M&E system. Upon conclusion of this support, it is expected that the DR will have a final set of national harmonized indicators, corresponding targets, and detailed methods about how each will be monitored and evaluated. Given that the absence of a National M&E Plan and corresponding targets for national-level indicators has also been an important roadblock to identifying the USG contributions to the HIV/AIDS response in the Dominican Republic, these results will allow the USG and the GODR to begin to monitor the progress of activities developed as part of the PFIP. As a follow-on to this effort, the USG will support the GODR to complete baselines for indicators that will be newly incorporated into the national set and to develop a plan to improve data collection systems to facilitate access to quality data on HIV/AIDS services and program activities.

At the same time, in 2010, the USG will continue to support the GODR in the implementation of an electronic database, which will allow the GODR to collect and analyze the information of all institutions and donor agencies contributing to the National Response. This will involve the development of unified reporting instruments, tools for data validation, and supervision and assistance in data analysis.

Building on the HIS assessment mentioned above, USG will facilitate formation of a working group (led by the GODR with diverse partner participation) to develop a comprehensive plan to improve information systems for service delivery and program monitoring. The working group will also be charged with developing standards around health information systems, including the minimum information to be collected and formats for sharing the information across systems. This will involve analysis of: 1) national indicators to identify specific information required to construct indicators, 2) strengths and weaknesses of current information gathering tools and instruments, and 3) strengths and weaknesses of methods used to gather this information. This analysis will be informed by ongoing USG-supported assessments, GF audits and other GODR assessments. The expected final result will be a specific plan to modify data collection instruments, improved methods for more efficient data-gathering, and the capacity to compare

these data with information currently generated by routine data collection systems. Among the priorities for technical assistance will be (1) medical informatics and information technology project management training for the SIAI team and other members of the medical and IT professional communities, and (2) selection of a laboratory information system for the NRL and high complexity laboratories throughout the laboratory network.

Beginning in 2010, the USG will support a capacity building effort in epidemiological data analysis and information communication, with assistance from a seconded epidemiology staff member, placed at the MOH with USG salary support (see OHSS activities). TA for capacity building will include training and regularly scheduled seminars for the purpose of publicizing national epidemiological information and analysis.

The USG will work with the GODR to strengthen its Sentinel Surveillance System, through the adaptation of the STI Sentinel Surveillance and Control Program (called VICITS for its Spanish acronym). The VICITS process helps develop a country-specific strategy, designed in conjunction with representatives of the National STI and HIV Programs and based at selected STI health services. Its goal is to control STI for HIV prevention among female and male sex workers, through integrated STI management, HIV testing, reproductive health services, behavioral change interventions and laboratory strengthening. In the DR, GODR and USG professionals will revise country guidelines for STI, HIV and laboratories. MOH professionals will be trained and involved in the implementation, execution, evaluation and improvement of the program. The information system, which has been developed as part of the program to allow monitoring the impact of the strategy on STI and HIV prevalence and condom use, will also be adapted for the Dominican Republic.

With information from the formative evaluation research on mobile populations, USG will support the mobile populations BSS study in 2010. The results of this study will inform the design of prevention activities for this at-risk population.

Additional SI activities are embedded within the different program technical areas, as follows:

Surveillance

· HVOP-Conduct a BSS studies among mobile populations (MSM, CSW, Drug Users), including biological markers.

· HVOP-implement VICITS services in 15 STI clinics.

· HTXS-Support ARV drug resistance study.

· HTXS-Support drug adherence study.

· HVTB-Conduct a TB MDR study.

· HVTB-Support GODR in the establishment of a national TB/HIV surveillance system .

· HVCT-Establish a pilot clinical surveillance/information system.

· HVOP-Strengthen STI surveillance system.

Monitoring and Evaluation

· HMBL-Strengthen the blood safety M & E system to provide quality data for continuous program.

· HLAB-M&E for Laboratory Systems.

· HVOP-Conduct an assessment of access to STI services for MARPs.

HMIS

· HMBL-Support the strengthening of the blood safety laboratory information systems and an early alert system.

· HTXS-Enhance the integrated care information system (SIAI) and train providers on its use.

· HLAB-Support the strengthening of laboratory information systems to improve collection and reporting of accurate results.

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	900,000	
Total Technical Area Planned Funding:	**900,000**	**0**

Summary:
10-HVTB Care: TB/HIV

Context and Background

The Dominican Republic (DR) has one of the highest Tuberculosis (TB) burdens in Latin America and is one of eight priority countries identified by WHO/PAHO for TB control. CDC reports that in 2007 people born in the DR ranked 16th among patients diagnosed with TB in the United States (neighboring Haiti was eighth). During 2007, DR had a incident TB case rate of 69 per 100,000 per year, for a total of approximately 6,800 new TB cases. WHO estimated that the HIV prevalence among TB patients was 15% in 2007. National figures show a decline in HIV prevalence among TB patients, although WHO has not documented this downward trend. An estimated 6.6% of TB patients in 2002 had multi-drug-resistant (MDR) TB, one of the highest rates in Latin America.

Surveillance efforts, although following WHO/PAHO standards, need to be strengthened. Approximately 1000 sites around the country offer TB/DOTS services, but the quality of case finding and reporting is not consistent. While case reporting in DOTS areas suggests a steady increase in the number of cases detected, nationally there is an inconsistent pattern of increases and decreases. Data are collected and

noted manually in logbooks. Every three months a summary of the quarterly events is sent to the provincial program manager, where they are merged with data from other TB sites in the province. The provincial report is then sent to the National Tuberculosis Control Program (NTCP). Every six months the NTCP conducts a national meeting to review the data. Sites with inconsistencies are visited by the program epidemiologist and provincial management to review logbooks and make corrections as needed. In May 2007, the sixth monitoring visit of the NTCP was completed and recommended that surveillance activities could be strengthened, information should be gathered and analyzed on the availability of HIV tests for TB patients, and surveillance data should be better analyzed and used to monitor and evaluate program performance.

The NTCP receives Global Fund support to strengthen HIV interventions provided within the context of TB services. While the NTCP has made major advances in integrating HIV testing and counseling services into routine TB management, the integration of TB screening and TB/HIV care and treatment practices into existing HIV services remains a challenge.

Since 2001, several organizations have been working to strengthen the NTCP. USG supported three mechanisms to provide support to the NTCP: a direct grant to the Pan American Health Organization (PAHO); a field support grant to The Tuberculosis Coalition for Technical Assistance (TBCTA) and later to the Tuberculosis Control Assistance Program (TBCAP); and a field support grant to Management Sciences for Health's (MSH) Rational Pharmaceutical Management Project (RPM+) and later to its Strengthening Pharmaceutical Systems project (SPS). All of these contributed to improving NTCP's program performance. The NTCP is now close to meeting the global targets of 70% case detection and 85% treatment success. Another important program success has been increasing the numbers of persons with TB who are tested for HIV, and the number of HIV patients who received isoniazid prophylaxis for opportunistic infections.

Since 2002 the TB/HIV co-infection program was supported almost exclusively by USG resources. Those funds were key to developing TB/HIV co-infection guidelines and enabling a more focused approach to strengthened TB treatment for co--infected persons. In FY 2008 USG provided TA to strengthen a functional patient referral system for TB/HIV co-infected patients.

The DR has obtained two grants from the Global Fund (GF) to implement the Stop TB strategy in 18 provinces and to support services to treat MDR TB. Principal recipient of the Global Fund TB grant is the NGO PROFAMILIA. NTCP, USG and PROFAMILIA have collaborated on many fronts, including specifically to fund local and regional NGOs for social mobilization. USG financial support for the TB/HIV program was a key factor in leveraging GF resources.

Accomplishments since last Mini-COP

In FY 2009, a total of 976 service outlets provided treatment for TB to HIV-infected individuals. Other results were equally impressive: 250 individuals were trained to provide TB treatment to HIV positive patients, and a total of 1047 HIV-infected patients received TB treatment through HIV care/treatment services.

In addition, 1,275 registered TB patients received HIV counseling, testing and their test results at USG-supported TB service outlets. With the support of SPS, MOH continues to procure single-dose TB treatment and laboratory tests kits from the Global Drug Facility, at great savings to the GODR. The TB logistics system is unique within the MOH and has served as an example to the HIV/AIDS program. The Minister of Health has requested that SPS provide technical assistance to integrate a unified procurement and logistic for all the medications and supplies in the public health sector.

In 2009 the second TB-MDR study was completed. The quality control system results showed that the laboratory network had less than three percent of inconsistencies. Treatment for TB-MDR has continued, and the previous backlog of cases has been reduced from 200 to fewer than 100. With new equipment, the time required for cultures has been significantly reduced, allowing for faster test results and treatment responses.

With USG support, the central office of the NTCP in the MOH and the central warehouse were remodeled and equipped.

Goals and Strategies for FY 2010

USG will address TB/HIV priorities by providing technical assistance to the MOH's Regional and Provincial Network System (called "REDES"). Support will include updating TB/HIV plans, training personnel on current guidelines, in coordination with the GODR National TB/HIV Coinfection Committee (CONACO) and current TB partners PAHO, TBCAP, Global Fund, the MOH and private-sector service providers.

USG will train information systems personnel on data gathering and reporting of TB/HIV coinfection,including drug resistance, HIV surveillance in TB patients, and M&E of essential program functions and outcomes. These trained personnel will then serve as national trainers for other TB/HIV personnel. USG will work with the NTCP and laboratory system to strengthen TB and HIV diagnostic capacity (including the capability to perform TB cultures and drug susceptibility testing for detecting drug-resistant TB).

The PEPFAR/DR strategy places priority on improving the GODR information systems, including Monitoring and Evaluation. While committed to the "Three Ones" concept, USG also is aware that the "single M&E system" will be fed from many different data sources, emerging from different technical programs. When PEPFAR/DR indicates its intention to support the information system of any given technical area, it is in the context of a "single" MOH M&E system. In FY 2010 USG will support the assessment and evaluation of TB/HIV and DOTS surveillance systems, using the results to strengthen

the national system. TB/HIV coinfection will be a component of the Binational program, and USG will provide support to these activities.

USG will continue to support CONACO to oversee TB/HIV collaborative policies and activities and to develop and implement a national data management system at selected sites. Scaling up of this system will be programmed following an evaluation of the pilot program.

Bi-national TB/HIV activities will include the surveillance of TB/HIV co-infection, continued initiatives to ensure common treatment for TB/HIV patients on both sides of the border, and support to NGOs for social mobilization.

Technical Area Summary Indicators and Targets

Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
6166	PROFAMILIA	NGO	U.S. Agency for International Development	GHCS (USAID)	122,882
7560	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
7563	Armed Forces of the Dominican Republic	Host Country Government Agency	U.S. Department of Defense	GHCS (State)	882,500
10642	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (USAID)	1,232,000
10643	Partners in Health	NGO	U.S. Agency for International Development	GHCS (State)	400,000
11785	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	611,800
11955	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
11956	Ministry of Health Dominican Republic	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and	GHCS (State)	150,000

			Prevention		
11957	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
11958	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
11959	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
11960	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
11961	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted

11962	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
11963	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
11964	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
11965	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
11966	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
11967	Population Services International	NGO	U.S. Agency for International Development	GHCS (USAID)	1,000,000
11968	TBD	TBD	U.S. Department of Health and	Redacted	Redacted

			Human Services/Centers for Disease Control and Prevention		
11969	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
11970	Esperanza Internacional	NGO	U.S. Agency for International Development	GHCS (USAID)	300,000
11971	Management Science for Health	Implementing Agency	U.S. Agency for International Development	GHCS (State)	200,000
11972	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
11973	Management Science for Health	Implementing Agency	U.S. Agency for International Development	GHCS (USAID)	1,150,000
11974	Ministry of Health Dominican Republic	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,200,000
11975	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 6166	**Mechanism Name: Provide access to CD4 test in the northern provinces.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: PROFAMILIA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 122,882	
Funding Source	**Funding Amount**
GHCS (USAID)	122,882

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID will continue to support CD4 tests for PLWA in the northern provinces of the Dominican Republic.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**6166**
Mechanism Name:	**Provide access to CD4 test in the northern provinces.**

Prime Partner Name:	PROFAMILIA		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	122,882	
Narrative:			
PROFAMILIA will provide 7,000 CD4 tests.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7560	**Mechanism Name: DHS 2012**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

MOH	TBD	

Overview Narrative

USAID is in the process of awarding a new grant to implement additional activities in the south west and northwest areas of the border. These new activities will be geared to provide technical assistance and support in order to strengthen MOH facilities to support PLWAs living in border provinces or crossing over seeking care. In addition, selected NGO(s) will receive sub-grants to provide community-based activities linking PLWAs and their families to primary care services. These services will include PMTCT, prevention activities, provision of clinical, psychological, spiritual, social and prevention services, including reproductive health, immunization, TB, referral to other hospitals and income generation activities for PLWA and their families. It is expected that by July 2010, this new mechanism will have been awarded.

In FY 2010, the USG will continue to strengthen MCH services to support PMTCT services including early infant diagnosis (EID) in at least ten "Centers of Excellence" hospitals and 26 hospitals in regions V and VII. TA, on-site training and support will be provided at the hospital level to integrate HIV/AIDS prevention and treatment services with wrap-around services in reproductive health, tuberculosis, nutrition and immunizations, referrals strengthening, improved HIV counseling and diagnostic services strengthen, including the supply of quality test kits, CD4 and EID testing. Health care providers will be trained in EID, dry blood sampling and referrals. A revised logistics system will transport samples to the National Reference Laboratory and results will be communicated to the appropriate hospital departments in a timely manner. Opt-out testing will be implemented as a pilot program in selected facilities. NGOs will be integrated into the system to assure linkages between hospitals and their communities

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USG will provide NGOs, FBOs and CBOs with technical assistance and support to create awareness in their respective communities of the health services available at the hospitals, provide linkages between hospitals and their communities, reduce the loss of mothers and their infants to follow-up programs and provide emotional and psychological support to HIV positive women and their families.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Child Survival Activities
TB
Family Planning

Budget Code Information

Mechanism ID:	**7560**
Mechanism Name:	**DHS 2012**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	Redacted	Redacted

Narrative:

USAID is in the process of awarding a new grant to implement additional activities in the south west and northwest areas of the border. These new activities will be geared to provide technical assistance and support in order to strengthen MOH facilities to support PLWAs living in border provinces or crossing over seeking care. In addition, selected NGO(s) will receive sub-grants to provide community-based activities linking PLWAs and their families to primary care services. These services will include provision of clinical, psychological, spiritual, social and prevention services, including reproductive health, immunization, TB, referral to other hospitals and income generation activities for PLWA and their families. It is expected that by July 2010, this new mechanism will have been awarded.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

Train 20 health workers in CT and PIC. Provide appromately 2,000 individual with access to quality CT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

1. USAID will fund NGOs in border provinces to provide IEC activities and services for population living and/or crossing through the border provinces and for the population living in Bateyes nearest to the border. We will also continue to support coordination of cross-border work with migrants, market ladies, traders and SWs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

Strengthen PMTCT services and e.i.d. in at least 4 hospitals in Region IV. Support to NGOs, CBOs to support PMTCT at the community level

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

Since 2002, TB/HIV co-infection programming has been funded exclusively by non-PEPFAR USAID child

survival health funds. Funding for TB/HIV activities was included in the FY 2008 Mini-COP for the first time. Those funds were key to enabling a more focused approach to strengthening TB treatment for co-infected persons. With PEPFAR funds, USG will provide support and TA to strengthen a functional patient referral system for TB/HIV co-infected patients. USAID will address TB/HIV priorities by providing technical assistance to the Regional and Provincial Network System. Support will include updating TB/HIV plans, training personnel on current guidelines (in coordination with the GODR oversight entity National TB/HIV Co-infection Committee [CONACO]) and current TB partners PAHO, TBCAP, Global Fund, the MOH, and private-sector service providers. A pilot project to strengthen TB/HIV services will be implemented in Region IV and VII. TB/HIV co-infection will be a component of the Binational program, as described in the PFIP. USAID will support MSH/SPS to procure more than 15,000 HIV rapid tests per year to provide access to individuals that are detected as symptomatic respiratory as well as those with any form of TB, and to implement a logistics system.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7563	**Mechanism Name: Strengthen HIV Prevention and Care in Armed Forces**
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: Armed Forces of the Dominican Republic	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 882,500	
Funding Source	**Funding Amount**
GHCS (State)	882,500

Sub Partner Name(s)

TBD		

Overview Narrative

DOD will identify a TBD partner to strengthen the capacity of the Dominican Armed Forces (DAF) to plan, manage, and implement HIV programs. Activities will build on previous HSS efforts to develop a military-

specific strategic plans, policies and capacity building.

Referral networks and service integration will be strengthened for HIV/STI/TB prevention, care, and treatment. Gender norms, substance abuse and confidentiality currently are not approved military policies. DOD policy dialogue will seek to secure the endorsement of military leadership to include these areas in their training program.

Opportunities to strengthen pre-service and in-service training will be expanded and improved for military health care providers in multidisciplinary fields, including STIs, ART management, psychosocial counseling. Military personnel will be trained on how to use HIV surveillance to improve HIV prevention programming.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7563**		
Mechanism Name:	**Strengthen HIV Prevention and Care in Armed Forces**		
Prime Partner Name:	**Armed Forces of the Dominican Republic**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	100,000	
Narrative:			

The DOD will continue to support the provision of quality HIV care for DAF personnel, their partners and families, and in select circumstances, community members who live in the surrounding areas. Basic care provided by military health services to HIV-positive personnel will include clinical staging and baseline CD4 counts, immunologic (i.e. CD4 cell count) and clinical monitoring, prevention, diagnosis and treatment of OIs, psychosocial counseling, and referrals for PLWHA to community-based care and support services based on individual needs.

This activity will enhance the capacity of the health workforce by training military health providers to diagnosis and treat STIs, OIs, and mental health disorders. Training will also include prevention with positives, activities to improve health care providers' abilities to effectively counsel military members on healthy living, reduction of risk behaviors, partner notification and adherence to ART. Efforts will be made to address stigma and discrimination by promoting accepting attitudes towards PLWHA.

Basic care and support activities are implemented in conjunction with other services such as VCT, ART, TB/HIV, OIs, and/or STIs in military delivery settings. TA will be provided to the DAF to strengthen linkages to community-based HIV care and support groups

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	100,000	

Narrative:

The DOD will continue to support the provision of quality HIV care for DAF personnel, their partners and families, and in select circumstances, community members who live in the surrounding areas. Basic care provided by military health services to HIV-positive personnel will include clinical staging and baseline CD4 counts, immunologic (i.e. CD4 cell count) and clinical monitoring, prevention, diagnosis and treatment of OIs, psychosocial counseling, and referrals for PLWHA to community-based care and support services based on individual needs.

This activity will enhance the capacity of the health workforce by training military health providers to diagnosis and treat STIs, OIs, and mental health disorders. Training will also include prevention with positives, activities to improve health care providers' abilities to effectively counsel military members on

healthy living, reduction of risk behaviors, partner notification and adherence to ART. Efforts will be made to address stigma and discrimination by promoting accepting attitudes towards PLWHA.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	150,000	

Narrative:

Using PF FY2010 funds, DOD and a TBD partner will continue to strengthen the capacity of DAF to provide accessible, confidential, and quality testing and counseling services. Activities will build on previously funded initiatives to expand testing and counseling services for military personnel, their families, and communities in close proximity to military installations. DOD will continue to work with DAF to integrate VCT services into existing medical health services and routine medical care through provider-initiated testing and counseling (PITC). VCT opportunities for military personnel will be further expanded to include four new VCT sites. A referral system to ensure appropriate linkages to prevention, treatment, and care and other health services will be reinforced.

DOD will continue to partner with the DAF to assist in the procurement of rapid HIV test kits and work with national supply chain mechanisms to ensure sites have sufficient supply, adequate and secure storage facilities, as well as inventory monitoring and tracking systems for HIV test kits. Activities will build on the previously established monitoring and evaluation system implemented through standardized logbooks, client data forms, monthly reporting forms, and other methods that comply with the national reporting systems and requirements.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	50,000	

Narrative:

Using the findings from a BSS with biological markers which will be conducted in 2010 (funded with FY2008 dollars), the DAF will conduct data dissemination seminars and undertake a critical review of the armed forces training curriculum. This review will ensure that BSS results and conclusions are appropriately incorporated into the armed forces training program, policies and prevention interventions.

Program monitoring and evaluation will be supported in a culture of informed decision making. Data collection systems in the clinical and prevention settings will be assessed. Recommendations will be provided for strengthening data collection and its appropriate use.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	89,000	

Narrative:

DOD will work with DAF to ensure the updated military strategic plan is properly implemented and reinforced across service components (strategic plan developed by a TBD partner using FY 2009 funding). DOD will continue efforts to strengthen military protocols that reduce stigma and discrimination and strengthen the commitment of the military leadership to support HIV-positive members and HIV programs.

2. DOD will continue to emphasize the importance of good storage practices and inventory systems in central and peripheral military warehouses. This activity will also provide human capacity assistance to the DAF in epidemiology, M&E, blood safety, and laboratory. DOD will also continue supporting the development of physical space and equipment in DAF health centers in order to adequately manage STI/HIV/AIDS and TB related programs

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	293,500	

Narrative:

DOD will identify TBD partners to provide training and technical assistance in evidence based intervention areas (i.e. improving knowledge and attitudes about testing and decreasing HIV-related stigma). DOD will continue to implement troop level HIV prevention education and behavior change communication activities. DOD will identify TBD partners to implement the IEC strategy developed by USG PEPFAR for MARPs. The IEC strategy will be implemented throughout the DAF. DOD will also evaluate the DAF master trainer/peer educator HIV prevention training program to identify areas in need of strengthening and to develop tailored refresher training for DAF training cadre.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	100,000	

Narrative:

DOD will continue to support the training of DAF lab personnel and provide necessary support for equipment and commodities to develop and strengthen laboratory systems and facilities. Continued

support will also be provided for laboratory specimen collection and transport. DAF laboratory personnel will be continue to receive training in laboratory SOP development, logistics management, QA/QC activities, utilization of laboratory equipment, and data management. Military laboratories will be further strengthened to provide referral systems to civilian sector labs where resources limit diagnostic and treatment service provision within the military health system. DOD will also establish basic laboratory testing capability at (6) VCT sites (established with FY09[h1] HVCT).

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10642	**Mechanism Name: Strengthen HIV/AIDS prevention, treatment and care activities for vulnerable populations in Health Region V and VII.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,232,000	
Funding Source	**Funding Amount**
GHCS (USAID)	1,232,000

Sub Partner Name(s)

ADOPLAFAM	CEPROSH	Clinica de Familia MIR
Columbia University	CRS	Esperenza y Caridad
Grupo Clara	Grupo Este Amor	Grupo Paloma
Moepathutse Children's Centre	MOH	REDOVIH
World Vision		

Overview Narrative

USAID will continue to provide support to AED to expand and strengthen HIV/AIDS prevention, treatment

and care services in provinces located in Region V and VII, especially in those that are in the border with Haiti or that have Bateyes.

Cross-Cutting Budget Attribution(s)

Education	50,000
Food and Nutrition: Policy, Tools, and Service Delivery	30,000
Human Resources for Health	50,000
Water	10,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**10642**
Mechanism Name:	**Strengthen HIV/AIDS prevention, treatment and care activities for vulnerable populations in Health Region V and VII.**
Prime Partner Name:	**Academy for Educational Development**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	300,000	
Narrative:			

USAID will in collaboration with USG agencies continue to support AED to provide TA to MOH regional offices to strengthen data collection systems in order to improve recording, reporting and analysis both at the hospital and regional level with the aim of supporting an information system that is sustainable, responds to quality assurance tools and provides reliable and accurate data. AED will also provide NGOs, CBOs and FBOs with TA to continue with habilitation and accreditation process.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	50,000	

Narrative:

Continue to expand the Life Skills Program in grades 1-4 in Regions V and VII public schools. Print and distribute 2,000 copies of the LSP complementary guide. Develop and print educational material for students in grades 1-4. Train TOT trainers in 3 workshops each with 30 teachers = 90.Develop a supervision tool and train three supervisors from each school district/in each region. Support 4 regional workshops for 25 teachers each. Train 3 leaders and 5 members of the Parent Association Groups (PAG) in each school. Provide technical assistance to MOE to expand Life Skill Program to 1,000 more schools with World Bank and IDB support. Train students in basic schools in LS during 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	682,000	

Narrative:

With BSS results, a strategy to target MARPs will be developed. AED will continue to support and expand peer education modules for Bateyes, MSMs, CSWs. Fund and provide technical assistance to NGOs to support MARPs to implement educational activities on human rights, risk perception, reduction of sexual abuse, condom negotiation with partner(s), reproductive health, and STI prevention. Train NGOs on behavior change strategy and community based workers, supervisors and leaders including peer education techniques. Educational activities at the community levels will include health fairs, community CT, referral to services and door-to-door visits. USG will continue to fund NGOs to reach batey residents and migrants, especially men, in Region V and the border areas and to support the mass media campaign messages at the community level. They will conduct peer education, group education exercises, and one-on-one sessions, and work with PSI as social marketing condom distributors. They will continue address harmful social norms, partner reduction, gender-based violence, and transactional and cross-generational sex. Empowerment of girls/women is promoted to help them have a stronger voice in their sexual lives and thus prevent disease. Because of the challenges of reaching highly mobile populations, workplace behavior change activities (e.g. at construction, tourist and agricultural sites, including bateyes) will help reach them effectively. USG will continue to solicit employer involvement to

increase corporate social responsibility. USG will also continue to support the "100% Condom Strategy" carried out by partner NGOs targeting CSWs, their clients and business owners in areas with commercial sex activity in Region V and the border areas. At these sites, they promote correct and consistent condom use, distribute condoms, encourage decreased use of alcohol and other drugs, promote HIV and STI screening, conduct education activities and distribute prevention information. USG will continue to fund NGOs to reach batey residents, CSWs and MSMs, in Region V and Region VII and to support mass media campaign messages at the community level. They will conduct peer education, group education exercises, and one-on-one sessions, and work with PSI as social marketing condom distributors. USG will also continue to support the "100% Condom Strategy" carried out by partner NGOs targeting prostitutes, their clients and business owners in areas with commercial sex activity in Region V and the border areas. At these sites, they promote correct and consistent condom use, distribute condoms, encourage decreased use of alcohol and other drugs, promote HIV and STI screening, conduct education activities and distribute prevention information. These NGOs also train sex workers and other women in condom negotiation skills. NGOs also provide referrals to HIV counseling and testing, care and treatment services. In the geographic focus areas, USG will continue to support NGOs providing prevention outreach to MSM, including peer-to-peer counseling in gay bars and other outlets, and referrals to STI and HIV services.

Because of the challenges of reaching highly mobile populations, workplace behavior change activities (e.g. at tourist and bateyes) will help reach them effectively. USG will continue to solicit employer involvement to increase corporate social

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	

Narrative:

Update and print norms. Train 30 workers in four regional workshops in norms and protocols. Develop training curriculum to strengthen quality of PMTCT and e.i.d. services in 26 public hospitals in Region V and VII. Select four teams (10 each) to tutor health teams in hospitals. Conduct four workshops with the teams (Total of 40 individuals). Implement new guidelines in hospitals. Implement a referral system to and from communities and to other intra-hospital services (FP, nutrition, STIs, tuberculosis). Fund NGOs to support PMTCT community services. Implement opt-out pilot projects in two hospitals in Region V and VII.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10643	**Mechanism Name: To provide HIV/AIDS prevention, treatment and care services in the border provinces.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: Partners in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	**Funding Amount**
GHCS (State)	400,000

Sub Partner Name(s)

MOH		

Overview Narrative

USAID will continue to fund Partners in Health to strengthen HIV/AIDS prevention, treatment and care services in border provinces and mirror services on both sides of the border.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Child Survival Activities
Mobile Population
Safe Motherhood
TB

Family Planning

Budget Code Information

Mechanism ID:	**10643**
Mechanism Name:	**To provide HIV/AIDS prevention, treatment and care services in the border provinces.**
Prime Partner Name:	**Partners in Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	150,000	

Narrative:

Partner in Health will train " accompanateurs" volunteers in community and home-base care. Train at least 5 health teams from five community rural clinics.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	50,000	

Narrative:

Partners in Health will provide support to at least 70 PLWA including diagnostics services. Train health teams to provide quality care and develop a referral system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	100,000	

Narrative:

Provide approximate 4,500 individuals with access to quality CT services including provisional HIV test kits.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	

Narrative:

Strengthen PMTC services and early infant diagnosis in three hospitals in two border provinces, starting with Elias Pina Hospital.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11785	**Mechanism Name: Peace Corps**
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 611,800	
Funding Source	**Funding Amount**
GHCS (State)	611,800

Sub Partner Name(s)

(No data provided.)

Overview Narrative

PC has focused on HIV/AIDS-related activities in the "Escojo Mi Vida" (I Choose My Life) program for the last six years. During that time, financial assistance from the President's Emergency Plan for AIDS Relief (PEPFAR) has enabled PC to build the infrastructure and programs that have become a national PEPFAR program. The initiative has a well developed program which systematically allows PCV's and Dominican youth to promote HIV/AIDS prevention activities using organizational capacity building concepts.

The goal of the Escojo Mi Vida initiative will continue having young adults throughout the Dominican Republic acquire the knowledge, skills and attitudes to make healthy decisions to care for themselves and their families.

The success of the PCDR HIV/AIDS "Escojo" prevention program is due to the use of an Organizational Capacity Building Model, BCC (Behavior Change Communication). Concepts are passed on from Peace

Corps Volunteer trainers to PCVs who in turn train young people to form the "Escojo" groups. These groups develop their own leadership, who are in turn trained and certified, and continue the process of training and forming other groups in their communities. Although they had actively participated in this process for many years in the PEPFAR Framework, two PCDR Project Sectors, Youth, Family, and Community Development and Community Environmental Development, will formally add PCVs to the organizational capacity building methodology. Along with Healthy Communities' Volunteers, they will continue working in the Prevention technical area (HVOP) program.

The Escojo Mi Vida initiative looks to expand its efforts to reach a wider national focus, moving from a geographical focus to one that encompasses vulnerable and mobile populations. Volunteers and Project Partners will be working with pregnant women, poorly educated women, residents of Bateyes, vulnerable youths from 13 to 18 year of age, and sexually active youths from ages 15 to 25. The Escojo Mi Vida program will reach Dominican and Haitian populations all over the Dominican Republic.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11785**		
Mechanism Name:	**Peace Corps**		
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	180,000	
Narrative:			
Escojo will have a National Escojo/PEPFAR Coordinator and will have increased the network of Regional Coordinators and Peer Youth Educators to be affiliated to and supported by the members of the Escojo			

Consortium. The Consortium will be the national structure responsible of providing sustainability to the Escojo Groups and promoting the Escojo strategy at the national level.

Each Consortium will have an assigned PCV to assist in the internal training and orientation of each consortium group. PCDR Volunteers will work to build the capacity of each Consortium to be self sustainable. Small grants (know as VAST grants and are up to US$10,000 for each of the 10 consortium groups) will be available for Escojo Consortium organizations in 2010. The grant requests will be prepared by PCVs and Consortium members and will provide resources for the following two institutional strengthening Consortium activities: 1) training events in coordination with consortium members and 2) institutional assessment of consortium members.

Training events in coordination with consortium members are as follows: consortium members and PCV's will plan, implement, and evaluate a series of national, regional, and province-level workshops to help meet the needs of vulnerable children due to HIV/AIDS, to promote abstinence and fidelity as the HIV/AIDS prevention strategy in evangelical churches, and to ensure a collaborative grass root referral system of pregnant women for testing and counseling. Institutional assessment of consortium members for each of the selected consortium organizations in their legal standing, administrative organization, and programmatic strengthening. Results of the assessment will be used to develop an individual organizational assistance plan.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	431,800	

Narrative:

Volunteer and Project Partners will have the following activities:

Certification Workshop.Youth leaders are trained and certified as Coordinators.

Executive Conference to promote the Escojo methodology and to create an opportunity to dialogue between key Escojo/PEPFAR stakeholders.

Regional Conference to focus on training youth in the basic curriculum which includes healthy decision making, HIV/AIDS prevention, avoiding adolescent pregnancies, building self-esteem, and focusing on creating positive futures.

Sub regional Management Workshop to learn about how to coordinate the sub-regional follow-up meetings.

Sub-regional Follow-up Meeting, a small scale, one-day meeting to focus on forming networks between groups working in the same geographic areas.

Monitoring, Reporting and Evaluation Workshop to learn how to report according to the Peace Corps procedures and guidelines provided by the PEPFAR.

Sustainability Conference to give support to active groups who are no longer working directly with a Peace Corps Volunteer in their community.

Sports Camp to use sports as incentives for young women and men in their communities to attend workshops about sexual health and HIV/AIDS prevention.

National Conference to train participants on maintaining the level of quality information, to continue social marketing, and to promote sustainability of the groups.

VAST Grants to provide resources for community groups to develop and organize local conferences and activities for HIV/AIDS prevention training.

World AIDS Day event to promote HIV/AIDS awareness among Dominican youth.

National Health Promoter Conference to further train Healthy Communities participants who are community leaders.

Health Promoter Regional Workshop to focus on training the Health Promoters in the basic Healthy Communities curriculum of healthy decision-making which includes HIV/AIDS prevention.

Health Promoter Certification Workshop rural community leaders are trained and certified as Healthy Community Trainers.

Brigada Verde (Green Brigade) Regional Conference to focus on training Dominican youth in basic

community environmental action and healthy decision making, and HIV/AIDS prevention.

National Conference Brigada Verde, to further train Brigada Verde participants on Peer sharing of successful interventions and education on HIV/AIDS.

Five day National GLOW Girls Camp to receive training in leadership, healthy decision making and prevention of HIV/AIDS and early pregnancy through the use of interactive activities.

Regional GLOW camp conference to focus on training youth Peer Educators in the basic GLOW goals of positive decision making and HIV/AIDS prevention.

Sub regional GLOW exchange to encourage local girls groups who have participated in GLOW to share experiences and network with other groups from the same region.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11955	**Mechanism Name: Establish a Laboratory Monitorig and Evaluatuion System**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

TBD		

Overview Narrative

To identify a contractor to work with the MOH, NRL and the National Directorate of Laboratories to establish an information system which will allow data to be collected, reported and analyzed.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Military Population
Mobile Population
Safe Motherhood

Budget Code Information

Mechanism ID:	**11955**		
Mechanism Name:	**Establish a Laboratory Monitorig and Evaluatuion System**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	Redacted	Redacted

Narrative:
A key component of our proposed activities will be to continue to work with MOH to better gauge the number and type of laboratory facilities and services provided for HIV and related testing. USG/CDC will continue development of training activities focused on laboratory management, new technologies and quality assurance of laboratory testing. It is internationally recommended that each country, according to the characteristics of its HIV epidemic, develop and implement a testing algorithm, with validated reagents. This has not been done in the DR, so USG/CDC will assist and fund this important activity. In order to provide timely quality diagnostic tests, USG/CDC will assist MOH to strengthen and support an efficient and sustainable integrated national laboratory network system. Accurate and updated data collection, reporting and analysis is a needed tool to plan and foresee potential stockouts, drifts, or other problems in laboratory logistics management. USG/CDC will work closely with the MOH to develop and establish a pilot electronic system that will incorporate various labs into a network. As of December 2009, none of the 226 MOH laboratories are accredited and practice quality standards. One of USG/CDC's priorities is to assist the National Reference Laboratory to obtain accreditation, so that it can expand its capability to lead a national quality assurance program, including quality of HIV testing. Equipment and maintenance needs will be addressed at selected high volume hospitals that serve target populations, USG/CDC will assist the MOH in purchasing new equipment from reliable vendors, ensuring appropriate staff training by the vendor, maintaining an inventory of basic spare parts, and training MOH maintenance teams for routine and emergency situations.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11956	**Mechanism Name: Increasing the capacity of the DR MOH to conduct training to Laboratory Staff**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health Dominican Republic	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHCS (State)	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Continue to assist the MOH to increase their capacity to conduct laboratory related training through the country. These trainings will cover HIV/STI/TB topics.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	75,000

Key Issues

Military Population
Mobile Population
Safe Motherhood

Budget Code Information

Mechanism ID:	**11956**		
Mechanism Name:	**Increasing the capacity of the DR MOH to conduct training to Laboratory Staff**		
Prime Partner Name:	**Ministry of Health Dominican Republic**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	150,000	

Narrative:
A key component of our proposed activities will be to continue to work with MOH to better gauge the number and type of laboratory facilities and services provided for HIV and related testing. USG/CDC will continue development of training activities focused on laboratory management, new technologies and quality assurance of laboratory testing. It is internationally recommended that each country, according to the characteristics of its HIV epidemic, develop and implement a testing algorithm, with validated reagents. This has not been done in the DR, so USG/CDC will assist and fund this important activity. In order to provide timely quality diagnostic tests, USG/CDC will assist MOH to strengthen and support an efficient and sustainable integrated national laboratory network system. Accurate and updated data collection, reporting and analysis is a needed tool to plan and foresee potential stockouts, drifts, or other problems in laboratory logistics management. USG/CDC will work closely with the MOH to develop and establish a pilot electronic system that will incorporate various labs into a network. As of December 2009, none of the 226 MOH laboratories are accredited and practice quality standards. One of USG/CDC's priorities is to assist the National Reference Laboratory to obtain accreditation, so that it can expand its capability to lead a national quality assurance program, including quality of HIV testing. Equipment and maintenance needs will be addressed at selected high volume hospitals that serve target populations, USG/CDC will assist the MOH in purchasing new equipment from reliable vendors, ensuring appropriate staff training by the vendor, maintaining an inventory of basic spare parts, and training MOH maintenance teams for routine and emergency situations.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11957	**Mechanism Name: Strengthening clinical laboratories in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: TBD	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Continue to assist the MOH in revitalizing the laboratory technical working.

a. Perform an assessment to detect gaps and needs for quality assurance and control (QA/QC), lab infrastructure, and equipment, at NRL and 10 MOH prioritized labs.

b. Training of lab staff within the NRL and regional sites in Good Lab Practices and laboratory management.

c. Provide TA for the NRL to expand its capability to direct a national quality assurance program, including support to develop and implement a program for HIV testing.

d. Improve HIV testing quality to include validation of HIV test kits, development and implementation of a National Algorithm, using national validated tests.

e. Continue support to the NRL to obtain its accreditation.

2. CDC will engage the College of Medical Technologist, Association of Laboratory Owners, the State University, the MOH and PAHO in a working group to review college curricula and training to broaden knowledge and skills on current procedures for adequate blood product preparation, from pre-service levels.

3. CDC will also engage the MOH, College of Dominican Physicians, the Association of Hematologists and the schools of medicine to review and update college curricula and current guidelines regarding blood products usage.

4. CDC will continue to provide TA and support to implement the plan of a National Blood Bank center, to provide:

a. Equipments with adequate maintenance and repair contracts.

b. Staff training on new technologies

c. Managerial education.

5. Assessment and development of a strategy to strengthen LIS at pilot blood bank where support is been provided.

6. CDC will provide TA to develop a plan to guide the monitoring and evaluation of the activities conducted at Blood Bank sites.

7. Assist the MOH to update and enforce the biosafety guidelines, providing basic equipments and staff trainings at all levels of health institutions.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Military Population
Mobile Population
Safe Motherhood

Budget Code Information

Mechanism ID:	**11957**
Mechanism Name:	**Strengthening clinical laboratories in the Dominican Republic**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HMBL	Redacted	Redacted

Narrative:

* USG/CDC will assist the MOH to provide a quality, timely and safe blood supply, nationwide. Strengthening the voluntary donor recruitment campaigns, screening potential donors with the appropriate questions on high risk behaviors, and complete the screening of TTIs with quality tests, will render a lower percentage of excluded blood units; The correct preparation and usage of blood products by updating trainings and guidelines, for pre- and in-service health workers, will render a more appropriate use of blood. An information system installed at Central and Regional Blood Services, will permit a more appropriate distribution of blood products and supplies, with updated data for decision making, preventing shortages and being proactive in management.

* USG/CDC plans to work in fourteen blood services facilities, prioritized by the MOH, which serve a high percentage of the population and have the largest demand for blood units.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted

Narrative:

A key component of our proposed activities will be to continue to work with MOH to better gauge the number and type of laboratory facilities and services provided for HIV and related testing. USG/CDC will continue development of training activities focused on laboratory management, new technologies and quality assurance of laboratory testing. It is internationally recommended that each country, according to the characteristics of its HIV epidemic, develop and implement a testing algorithm, with validated reagents. This has not been done in the DR, so USG/CDC will assist and fund this important activity.

In order to provide timely quality diagnostic tests, USG/CDC will assist MOH to strengthen and support an efficient and sustainable integrated national laboratory network system. Accurate and updated data collection, reporting and analysis is a needed tool to plan and foresee potential stockouts, drifts, or other problems in laboratory logistics management. USG/CDC will work closely with the MOH to develop and establish a pilot electronic system that will incorporate various labs into a network.

As of December 2009, none of the 226 MOH laboratories are accredited and practice quality standards. One of USG/CDC's priorities is to assist the National Reference Laboratory to obtain accreditation, so

that it can expand its capability to lead a national quality assurance program, including quality of HIV testing. Equipment and maintenance needs will be addressed at selected high volume hospitals that serve target populations, USG/CDC will assist the MOH in purchasing new equipment from reliable vendors, ensuring appropriate staff training by the vendor, maintaining an inventory of basic spare parts, and training MOH maintenance teams for routine and emergency situations.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11958	**Mechanism Name: Increasing the Capacity of the Ministry of Health Blood service to collect and analyze information**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

TBD		

Overview Narrative

n collaboration with PAHO and other partners and in order to strengthen and improve the quality of the blood supply, USG will provide technical assistance and support to MOH to review, update as appropriate, and implement the national strategic plan, policies, and guidelines on Blood Safety. This includes support to create and equip the centralized Blood Bank Service, which will coordinate the collection, processing, storage, distribution, utilization and monitoring and evaluation (M&E) of blood and blood products, consistent with national and international standards.

During 2009, USG/CDC will conduct an assessment of MOH prioritized Blood Banks to identify weakness, challenges and needs. With the results of the assessment, MOH and USG will develop a plan to improve access to a blood supply that meets quality standards and develop a communication strategy to bolster a voluntary blood donation initiative. The USG will work with the MOH to develop a quality assurance program to ensure that all donated blood is routinely screened for HIV, hepatitis B and C, HTLV I and II and syphilis, and is properly collected, stored, processed, and used. The blood bank system in the DR is decentralized; because of this the MOH is unable to ensure the quality of the blood banking services, enforce quality standards and maintain facilities and equipment in optimal condition. The USG will work with the MOH and other relevant partners to develop a strategy that centralizes critical blood banking activities thus ensuring the quality of collection, storage, screening , distribution and reporting to use the term regionalized instead of centralized. Also, when discussing centralization or regionalization for efficiency, economy of scale and quality it is important to clarify that the goal includes provision of actual service, a safe and adequate blood supply, at the point of health care delivery.

The USG will collaborate with the MOH Blood Safety Division and the Regional and Provincial Network of health services provision (known as "Redes" [networks] in the DR) to: 1) strengthen the supply chain logistics network, including informatics, for the distribution of supplies, reagents, blood and blood products; 2) develop and implement a regional electronic data management system for monitoring the collection, processing, distribution and hemovigilance of blood products; 3) assess and strengthen the M&E system for operations, continuous program improvement and reporting; and (4) estimate the cost of producing a unit of blood and explore options for cost recovery or other models for long term sustainability .

The USG will work with the MOH and the Armed Forces to improve the overall capacity of eight blood bank facilities with high blood transfusion demands. These eight facilities include the largest maternity hospitals in the country and are part of the network of sites supported by the USG for PMTCT service delivery. Securing the blood supply at these high volume sites will serve to improve the quality of services provided by blood banks and to pregnant women. USG support will consist of technical assistance to strengthen the capacity of the MOH and the Armed Forces to review, disseminate, and enforce biosafety and blood safety norms, procedures, and regulations. The USG support will foster quality improvement of

blood bank services generally and ensure the appropriate clinical use of blood and blood components, their storage, and timely distribution to health facilities nationwide. TA will include developing pre-service, in-service and continuing training for health care providers, on blood safety and biosafety issues.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation
Mobile Population

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**11958** **Increasing the Capacity of the Ministry of Health Blood service to collect and analyze information** **TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	Redacted	Redacted
Narrative:			
CDC in collaboaration with a partner organization to be determined will support the strengthening of the blood safety laboratory information systems.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11959	**Mechanism Name: Increasing the Strategic Information Capacity in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: USG Core

Prevention	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

MOH		

Overview Narrative

M&E

2) Strengthen National capacity for M&E

3.1- Provide TA support and training to MoH M&E and Epidemiology personnel.

3.2-Support the development of a National M&E Plan, together with GF, UNAIDS and other partners. This TA will include, workshops and hands on assistance in developing the country's overall M&E framework, harmonizing indicators and establishing targets that reflect the National Response.

3.3-Develop instruments and methods to strengthen the monitoring of HIV programs and services. Training of technical staff responsible for supervision of National programs and services.

Surveillance

The CDC will provide TA to the MOH and DAF to strengthen passive surveillance activities. This process will include the development of surveillance guidelines, the review of existing reporting forms, training for providers developing protocols and procedures. CDC will train staff in the use of existing data for program evaluation and decision making.

In collaboration with the MOH CDC will conduct a secondary analysis of data from DHS and BSS surveys.

With FY2008 and 2009 funds CDC will continue to support a BSS study among mobile populations.

HMIS

1- Support the improvement of information systems at the Central, Regional and local (provincial) levels to ensure access to quality data, (this will include MOH and DAF staff).

1.1 Assessment of current information systems together with GODR

1.2 Develop inter-institutional technical working group to address weaknesses identified in HIS.
1.3 Revision of logbooks, instruments to ensure appropriate data collection
1.4 Development of other instruments (manual and electronic) for consolidation of data at the local, provincial, regional and national levels.
1.5 Training of health authorities and providers on data collection in selected pilot sites.
1.6 TA to develop Regional workshops together with GoDR program managers to facilitate capacity building in data analysis and the use of data for decision making

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Military Population
Mobile Population
Safe Motherhood

Budget Code Information

Mechanism ID:	**11959**
Mechanism Name:	**Increasing the Strategic Information Capacity in the Dominican Republic**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

Narrative:

In 2010 the CDC will provide support to the MOH for the development and implementation of a national M&E system for HIV/AIDS. This system will seek to link all key participants of the HIV/AIDS National Response. The CDC will provide technical assistance to strengthen the M&E technical working group in order to further develop the country level HIV indicators, targets, the overall conceptual framework and system design. These efforts will also support the training of relevant health care personnel in order to increase local capacity.

CDC will provide technical assistance to increase the capacity to conduct surveillance activities and will support the development of a timely, accurate medical and management information data collection system. Both systems will interface with the National Health Information System as it evolves in the health system reform process. By linking all levels of health delivery, this system will raise the visibility of comprehensive and timely quality Information. CDC will provide capacity building to MOH and NGO staff on the use of existing HIV/AIDS/TB/STI data. This process will seek to improve the collection, analysis, monitoring and dissemination of accurate epidemiological information. This technical assistance will contribute to increase the understanding of the magnitude of the local epidemic. It will increase the local capacity to develop reliable, timely and cost-efficient interventions. The existing data and sample from DHS 2007 and BSS survey 2008 will be analyzed in order to evaluate important variables regarding the HIV epidemic in the general and MARPS population.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11960	**Mechanism Name: Support in the improvement of information systems at the Central, Regional and local levels**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

MOH		

Overview Narrative

HMIS

1- Support the improvement of information systems at the Central, Regional and local (provincial) levels to ensure access to quality data, (this will include MOH and DAF staff).

1.1 Assessment of current information systems together with GODR

1.2 Develop inter-institutional technical working group to address weaknesses identified in HIS.

1.3 Revision of logbooks, instruments to ensure appropriate data collection

1.4 Development of other instruments (manual and electronic) for consolidation of data at the local, provincial, regional and national levels.

1.5 Training of health authorities and providers on data collection in selected pilot sites.

1.6 TA to develop Regional workshops together with GoDR program managers to facilitate capacity building in data analysis and the use of data for decision making

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Military Population

Mobile Population

Safe Motherhood

Budget Code Information

Mechanism ID:	**11960**
Mechanism Name:	**Support in the improvement of information systems at the Central, Regional and local levels**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	HVSI	Redacted	Redacted

Narrative:

In 2010 the CDC will provide support to the MOH for the development and implementation of a national M&E system for HIV/AIDS. This system will seek to link all key participants of the HIV/AIDS National Response. The CDC will provide technical assistance to strengthen the M&E technical working group in order to further develop the country level HIV indicators, targets, the overall conceptual framework and system design. These efforts will also support the training of relevant health care personnel in order to increase local capacity.

CDC will provide technical assistance to increase the capacity to conduct surveillance activities and will support the development of a timely, accurate medical and management information data collection system. Both systems will interface with the National Health Information System as it evolves in the health system reform process. By linking all levels of health delivery, this system will raise the visibility of comprehensive and timely quality Information.

CDC will provide capacity building to MOH and NGO staff on the use of existing HIV/AIDS/TB/STI data. This process will seek to improve the collection, analysis, monitoring and dissemination of accurate epidemiological information. This technical assistance will contribute to increase the understanding of the magnitude of the local epidemic. It will increase the local capacity to develop reliable, timely and cost-efficient interventions. The existing data and sample from DHS 2007 and BSS survey 2008 will be analyzed in order to evaluate important variables regarding the HIV epidemic in the general and MARPS population.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11961	**Mechanism Name: Providing Prevention Services to High Risk Populations in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: USG Core

Prevention	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

TBD		

Overview Narrative

1. Commercial Sex Workers

Select one or more NGOs to implement the "100% Condom Strategy". Through a cooperative agreement the selected NGO(s) will conduct a mapping exercise to identify venues, times and modalities to effectively meet the needs of female CSWs. The implementing partner(s) will target CSWs in Samana, Santiago, Santo Domingo and Boca Chica, La Romana, and Haina.

Materials will be updated to address more recent social issues and needs. Materials will be focused on developing skills and abilities to negotiate condom use with the clients and regular partners. A comic pamphlet will be developed for CSWs work with clients and regular partners. Theater groups with a dynamic feedback component will be developed.

2. MSMs

CDC will select an implementing partner. The partner will conduct a mapping of social gatherings and an assessment of barriers for condom use and access to services to identify strategies and address these barriers. Interventions will seek to:

Empower community groups and identify service providers who are sensible and friendly to MSMs
Develop an MSM service-provider guide
Outreach to MSM, including peer-to-peer counseling in gay bars and other outlets, and referrals to STI and HIV services.
Develop new educational materials or update the existing materials to address prevention issues, stigma and discrimination.

3. Drug Users

Select NGO(s) to conduct a KAP study for drug users and through a cooperative agreement implement education not only on the risk of exchanging needles, but also the effects of the perception of risk and the skill and ability needed to negotiate protection with the use of the condom and the vulnerability when facing the need to obtain resources for drug consumption (sex work).

Develop a strategy to implement a program to reach this population with prevention services. This will be done at two levels, a first level to reduce risk through the exchange of needles. The other approach will be to promote the practice of safe sex.

CDC in coordination with the selected partner NGO will develop educational and prevention materials. This materials will address both issues the risk of sharing of contaminated needles and the risk of unprotected sex, and examine the studies on the effects of the psychoactive substances in risky behavior.

4. Mobile Populations

Selected NGO will conduct qualitative studies by populations, to investigate the contexts and conditions of risk of each of these populations, and to identify the need for information and knowledge. IEC materials will be developed with specific CCC focus for each of the populations and face to face interventions. Services will target the areas of Barahona, Bavaro, Puerto Plata, Jimani and Santo Domingo. In the development poles, the selected partner and CDC will develop strategic alliances with constructions companies and hotel associations to implement selected intervention(s)

5. STI Services for MARPs

Conduct an assessment of access to STI services for MARPs

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Mobile Population

Safe Motherhood

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**11961** **Providing Prevention Services to High Risk Populations in the Dominican Republic** **TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted

Narrative:

1. Commercial Sex Workers Redacted

a) Continue to support NGOs in the implementation of the prevention programs

b) Implement communication strategy in conjunction GoDR and NGOs

c) Print and distribute materials for CSWs, clients and regular partner

2. MSMs Redacted

a) Develop BCC strategies to address the barriers found in the assessment.

b) CDC will continue to fund program announcement for MSMs Redacted

c) Train health workers to convert the service providers into user friendly for MSMs and subgroups (GTH).

d) Print and distribute service-provider guide

e) Print educational materials

3. Drug Users Redacted

a) Develop communication strategies for behavior change with this population

b) Support and scale up NGOs working with DU

c) Print and distribute educational material geared toward this population to inform of the risks of sharing contaminated needles.

4. Mobile Populations Redacted

a) Develop communication strategy for behavior change

b) FRA to NGOs to Implement CCC strategies for each population and print IEC materials to distribute for each population and conduct face to face interventions.

5. Support the ministry of health to implement VICITS services in 15 STI clinics Redacted

6. Support the ministry of health to strengthen the national STI Surveillance System Redacted

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11962	**Mechanism Name: Providing HIV prevention activities to MARPS (Men who have Sex with Other Men)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted

Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

CDC will support NGOs to implement evidence-based prevention programs, including STI services for MSMs and Mobile populations in areas where these services are currently weak or do not exist.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Mobile Population

Budget Code Information

Mechanism ID:	**11962**
Mechanism Name:	**Providing HIV prevention activities to MARPS (Men who have Sex with Other Men)**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

According to the 2008 UNAIDS report on the Dominican Republic, the HIV seroprevalence is an estimated 1.1% (.9%-1.2%), with 66,790 individuals (approximately 54,390 adults and 12,400 children) infected with HIV. Significant differences are found by geographic area and educational and socio-economic levels. Regions V (the east) and VII (northwest border) have the highest prevalence rates, as do women with four years or fewer of formal education and persons in the lowest socio-economic

quintile. The 2007 DHS showed that HIV prevalence among the former was almost seven times higher than women with higher education (2.6% and 0.4%, respectively) and three times higher than the general population. Women in the bottom wealth quintile had an HIV prevalence rate almost five times higher than women in the top quintile (1.8% and 0.4%, respectively). Although men still account for the majority of HIV cases, the male to female ratio is decreasing. DIGECITSS 2005 statistics indicate that young women ages 14-24 account for 71% of all new HIV infections. A 2006 CDC assessment found that HIV incidence in young women ages 15-24 is almost twice that of males the same age.

Early sexual debut, multiple concurrent partners, cross-generational sex, MSM behavior and commercial/transactional sex all are driving forces of the DR's HIV epidemic. The 2007 DHS reports that 15% of females and 24% of males initiated sex before age 15, and 46% of women report having had sexual relations prior to age 18. Of these sexually-active adolescents, 45% reported having between two and four sexual partners in the previous 12 months. In two border cities, 28% of sexually-active adolescents reported having a first sexual relation before age ten. Such early sexual debut can be a characteristic of sexual abuse (not generally detected or considered, much less punished, in the DR), informal transactional sex and/or cross-generational sex, all of which put young people (especially young women) at greater risk of HIV/AIDS. Having a partner ten or more years older than oneself is a major risk factor for HIV/AIDS among young women: 23% of women ages 15-49 reported having had sex with partners at least ten years older than themselves; including 29% of women in the lowest economic quintile and over 30% of women living in Health Regions IV (southwest border) and VII.

MARPs in the DR include persons engaged in transactional sex, MSMs, Drug Users, prison inmates, persons living in and around bateyes, and mobile populations.

DR has an estimated 187,000 female sex workers and an undetermined number of male sex workers. In a 2005 study, 99% of female sex workers reported using a condom in the last sexual act with a new client and 95% with a regular client. However, only 58% used a condom the last time they had sex with a "trusted partner". According to the 2008 BSS, seroprevalence in CSWs was 3.3% (Santo Domingo) 8.4% (Barahona).

As in many Latin American countries, MSM behavior is stigmatized and therefore may be underreported. An estimated 6% of the adult male population engages in MSM behavior, although only 3% of adult males admit to having had a same-sex relation. According to the 2008 BSS, MSMs have an HIV prevalence between 5.1% (Santiago) and 7.6% (Higuey).

The DR has an estimated 600,000 to one million undocumented Haitian immigrants and residents,

including those working in DR hotels, agricultural sector, construction and other industries. This population is considered to be at high risk of acquiring STIs and HIV: the 2007 DHS reported a HIV prevalence in the batey population of 3.2%, with 8.7% in men ages 40-44 and 8.9% in women ages 15-49.

While HIV prevalence rates in the Dominican Armed Forces (FFAA) are unknown, most of the military population is considered vulnerable or "at risk" for STIs and HIV. A recent study conducted by the FFAA among military personnel posted at the border revealed that this group engages in high-risk behavior.

Certain other segments of the general population also engage in high-risk behaviors. While data suggest that the general adult population knows the health benefits of reducing the number of sex partners, one in five men in union have outside partner(s), and in young couples aged 15-19, one in three men has outside partner(s). In one study, 2% of women of reproductive age and 27% of men aged 15-59 admitted having an average of two or more partners during the last twelve months. For men age 25-29, that number climbs to 50%. Men used condoms only 50% of the time with a casual partner and women of all ages did so only 3% of the time. According to 2006 Sentinel Surveillance Survey, approximately 4% of patients attending STI clinics are HIV+.

The Population Services International (PSI) social marketing program, now funded by KfW, has distributed through NGOs more than 62 million USG-provided PANTE condoms through retail shops, brothels, and other sex sites throughout the country. Social marketing of condoms has targeted Bateyes, using NGOs supported by USAID and trained by PSI. GODR, through COPRESIDA and Dermatological Institute and its RCC GF grant, imports 2-3 million no-logo condoms for distribution in prisons, the Armed Forces and at VCT sites. Approximately 400,000 more condoms will be distributed through PROFAMILIA's social marketing family planning program. KfW has asked USAID to share costs in FYs 10, 11 and 12.

USAID originally funded the PSI condom social marketing program, which included condom distribution in non-traditional outlets and a successful "Trusted partner" mass media campaign. KfW took over the funding of this project in July 2007. With FY08 funds, USG/USAID will share costs with KfW. The GF grant will support prevention activities with MARPs and prevention with positives through the provision of funds to the network of persons living with HIV/AIDS.

Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required
Target: 500

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11963	**Mechanism Name: Increasing the Capacity for Early Infant Diagnosis in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

MOH		

Overview Narrative

1. CDC will continue to work with MOH to strengthen sample collection, storage sample, transportation, diagnosis, results, and follow-up with care and treatment.

2. CDC will continue to fund EQA Program for EID testing, to assure quality results.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Child Survival Activities

Mobile Population

Safe Motherhood

Budget Code Information

Mechanism ID:	**11963**
Mechanism Name:	**Increasing the Capacity for Early Infant Diagnosis in the Dominican Republic**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

In support of a strong pediatric care and support program for HIV-exposed and infected children, the USG proposes to strengthen PMTCT services by training health teams, increasing referrals to early infant detection (E.I.D.), train counselors to integrate E.I.D. information into post counseling sessions, and support NGOs, CBOs, and FBOs to link the community with hospital services and appropriate testing. These organizations will also assist to identify mothers who do not return for tests results. Health teams in primary health clinics will be trained in early identification of HIV exposure and infection status, collaborate with NGOs, CBOs and FBOs in the provision of care at the community level, and provide wrap-around services to children and mothers (e.g., immunizations, reproductive health and family planning, TB testing and treatment).

1. CDC will continue to provide TA and funding to assure that the molecular biology department at NRL is ready to offer DNA PCR testing, in a timely manner.

2. CDC will continue to fund EQA Program for EID testing, to assure quality results.

3. CDC will continue to work with MOH to strengthen sample collection, storage sample, transportation, diagnosis, results, and follow-up with care and treatment.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11964	**Mechanism Name: Increasing the MIS**

	Development Capacity of the MOH
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

MOH		

Overview Narrative

1. The CDC will provide TA to the MOH in order to develop and apply more rigorous software development project management methodology to their current data collection system.
2. The CDC will also assist the MOH in developing discrete roles for their software development team, i.e. project manager, systems / business analyst, developer, and training / support specialists to manage a help desk.
3. Support will be provided to the MOH so that sites can have a local installation of SIAI on their computers which gets synchronized to a national database when the internet is available so their ability to use the system is not interrupted when internet is down
4. Training to current and prospective users will be provided in the use of SIAI or any other software that will be implemented.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11964		
Mechanism Name:	Increasing the MIS Development Capacity of the MOH		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	Redacted	Redacted

Narrative:

In FY 2009, USG and other agencies provided support to MOH to update PMTCT, CT, Treatment and Care Norms. The norms are ready to be printed and published. In FY2010, health workers will be trained to implement the norms. NGOs and FBOs have received TA and support to provide emotional, psychological and social support and home-based care (HBC). TA has been provided to NGOs and networks of PLWH to introduce nutrition training, home-based care of patients, partner disclosure, and prevention with positive, stigma and discrimination.

With FY 2009 PFIP funds and FY 2010 USAID will continue to support for the diagnosis and treatment by supplying CD4 equipment, reagents and supplies. Funds will be provided to MSH/SPS to strengthen procurement and logistics system for laboratory supplies. MSH/SPS in collaboration with other USG will implement information system to avoid stock outs and ensuring the timely transportation of needed supplies.

The CDC will porvide support to the Ministry of Health in order to icnrease their capcity to develop and implement data collection systems in order to track patients and use the information for decision making.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11965	**Mechanism Name: Strengthening Laboratory Health Systems in the Dominican Republic**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

MOH		

Overview Narrative

FY09 activities:

1. CDC, working along with MOH to continue strengthening the capacity of laboratory supervisors and train lab staff in testing issues such as: quality assurance, new technologies and tests for rapid diagnosis, special blood sampling, storage and transportation of dry blood samples DBS for HIV DNA Early Infant Diagnosis (EID), CD4 and viral load testing among others.
2. CDC will train laboratory, blood bank and administrative staff on general biosafety guidelines. These trainings will include correct discarding of sharps, infection control and waste management, continuing in 2010.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11965**

Mechanism Name:	Strengthening Laboratory Health Systems in the Dominican Republic
Prime Partner Name:	TBD

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

System strengthening is critical for effective and sustainable programs and is a key focus of our strategic approach. USG supports institutional strengthening of partner NGOs, CBOs and FBOs, public sector institutions and MOH service providers. It also provides TA to develop essential systems, i.e. information systems, supply chain management, health communication messages, and referral systems.

All partners agree that health sector reform success depends on trained and competent human resources, but frequent replacement of qualified staff affects all programs and underscores the need for ongoing training. This challenge is particularly critical as each change in GODR administrations tends to lead to the replacement of many trained and technical staff. As happened at the regional and provincial levels after the recent re-election of the current President. Through the Health Sector Roundtable, major international partners have discussed possible ways to engage the government in dialogue and advocate for systems that retain technical managers and personnel through political changes such as enforcing the civil service law approved in the early 1990s.

The success of the on-going health system reform will enhance the DR's ability to provide an effective HIV/AIDS response. The DR receives significant funding from external sources. The critical challenge is now for the MOH to take on its overall stewardship role, increase the national investment in health and coordinate within the decentralized health system to ensure efficient investment of resources to achieve maximum results. Recently, with broad stakeholder participation, DR developed a seven-year National Strategic Plan (PEN) and a framework for a single national M&E plan. These plans will form the basis for annual reporting meetings on PEN progress, joint program reviews, and shared program reports among GODR, stakeholders and donors, leading to increased accountability for all HIV/AIDS funding and program monitoring.

The DR's HIV/AIDS legal framework is based on a national AIDS law enacted in 1993. Over the last seven years the country has seen an increase in funding for HIV/AIDS, but stigma and discrimination are still a major barrier. Existing laws prohibit testing without consent or as an employment screening measure, but are frequently violated without penalties. PLWH are particularly affected, as they are often discriminated against with impunity. Likewise, employees are often dismissed when their employers find them to be HIV+. The economic consequences for the PLWH and their families are devastating. The

AIDS law was reviewed by GODR in FY2008 but has not yet been sent to Congress.

Gender issues continue to be a significant concern in the DR. Cross-generational sex is common and young girls/women often do not feel empowered to abstain from sex or negotiate condom use. Men often report having multiple partners, sometimes including other men, so partner reduction and other prevention messaging and efforts to change social norms are critical. Violence against women, including against those who disclose positive HIV status, is a growing problem. National laws/policies against gender-based violence require revision and enforcement.

System strengthening is critical for effective and sustainable programs and is a key focus of our strategic approach. USG supports institutional strengthening of partner NGOs, CBOs, and FBOs so that these organizations will be accredited as health service providers and have access to financing by the, public sector. USG is also providing technical assistance to MOH service providers in order to improve quality of care, strengthen information and management systems, implement supply chain management and referral systems.

USG-supported health sector reform has now been taken over by GODR, with financial help from the World Bank (WB) and the Inter-American Development Bank (IDB). Nonetheless, USG and other donors will continue to monitor the GODR progress in this effort. The USG will continue to model improved health systems strengthening and appropriate HIV/AIDS policies to ensure appropriate implementation. The World Bank loan supporting health sector reform and social security complements USG efforts. WB and GF also leverage funds for human resource development and job stability within the civil services, as well as system strengthening. Although a civil service law was approved in the early 1990s in the DR, it is not implemented.

Recognition of HIV/AIDS as a priority concern in the uniformed services is paramount to the success of HIV prevention efforts. We will continue to provide technical assistance for the development and implementation of an HIV policy. This policy will support the strategic priorities addressed by the National Strategic Plan (NSP) and provide a favorable context for the prevention, care and treatment of HIV by addressing key concerns for the uniformed services. Some of these concerns include increase access to and use of prevention services through information, education and communication (IEC) for behavior change, VCT and condom support, implementation of improved sexually-transmitted infection (STI) control measures, and strengthened networks and support for PLWHA. Individuals who can support the quality of HIV/AIDS prevention, care and treatment in the FFAA are crucial. Capacity building to train, mentor, and supervise staff necessary for prevention, care and treatment will be addressed.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11966	**Mechanism Name: Small grant for HIV prevention, care and treatment targeting MARPs**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

COPRESIDA	MOH	Networks of Persons Living with HIV/AIDS

Overview Narrative

USAID/DR will support COPRESIDA and GODR efforts to strengthen the dialogue on the bi-national agenda. To his end, USAID/DR and partners will provide technical assistance and support to carry-out at least three workshops and develop a two-year bi-national plan that will address HIV/AIDS prevention, treatment and care activities for people living in the border as well as for mobile population.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Mobile Population

Budget Code Information

Mechanism ID:	11966		
Mechanism Name:	Small grant for HIV prevention, care and treatment targeting MARPs		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
USAID/DR will support COPRESIDA and GODR efforts to strengthen the dialogue on the bi-national agenda. To his end, USAID/DR and partners will provide technical assistance and support to carry-out at least three workshops and develop a two-year bi-national plan that will address HIV/AIDS prevention, treatment and care activities for people living in the border as well as for mobile population.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11967	**Mechanism Name: Expand comdon social marketing program.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHCS (USAID)	1,000,000

Sub Partner Name(s)

TBD		

Overview Narrative

USAID will provide support to PSI to distribute at least 15 million Pante condom per year. Expand condom social marketing to other populations, including the development of a new brand targeting MSMs, youth and adolescents and to market female condoms targeting CSWs and MSMs. In addition to promoting condom availability and use, PSI will continue to work with GODR to develop and implement a national condom policy stipulating responsibilities of the GODR and the commercial sectors to comply with national AIDS legislation (e.g., no import duties), while providing access to condoms for MARPs. Policy development will include forecasting the quantity of condoms required by each target population and establishing responsibilities for financing, procuring and distributing condoms within the public sector.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Military Population
Mobile Population

Budget Code Information

Mechanism ID:	**11967**
Mechanism Name:	**Expand comdon social marketing program.**
Prime Partner Name:	**Population Services International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,000,000	

Narrative:

Expand condom social marketing to other populations, including the development of a new brand targeting MSMs, youth and adolescents. Provide education activities to at least 25,000 during the first year. Distribute at least 15 million Pante condom per year/5 years = 75 million Pante condoms. Develop a new brand of condom targeting MSMs and youth and distribute 40,000 female condoms.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11968	**Mechanism Name: Developing a Social Marketing Campaign for PMTCT Services targeting Women**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

MOH		

Overview Narrative

In collabortion with a social marketting firm, the CDC will develop and conduct a social marketing campaign that will promote PMTCT services among pregnant women. The campaign will include training, educational and promotional materials in order to increase awareness of existing services. This campaign will be piloted in two regions. Based on marketting results it will expanded to the entire country.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11968**
Mechanism Name:	**Developing a Social Marketing Campaign for PMTCT Services targeting Women**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

In FY 2010 USG will continue to strengthen MCH services to support PMTCT care and early infant diagnosis (EID) in at least ten "Centers of Excellence" hospitals throughout the country. Technical assistance, on-site training and support will be provided at the hospital level to integrate HIV/AIDS prevention and treatment services with wrap around services in reproductive health, tuberculosis, nutrition and immunizations, improve referrals, strengthen diagnostics and counseling, including the supply of quality test kits, CD4 and EID testing.

Health care providers will be trained in EID, dry blood sampling and referrals. A revised logistics system will transport samples to the National Reference Laboratory and results will be communicated to the appropriate hospital departments in a timely manner. Opt-out testing will be implemented as a pilot program in selected facilities. NGOs will be integrated into the system to assure linkages between hospitals and their communities.

USG will provide NGOs, FBOs and CBOs with technical assistance and support to create awareness in their respective communities of the health services available at the hospitals, provide linkages between hospitals and their communities, reduce the loss of mothers and their infants to follow-up programs and provide emotional and psychological support to HIV positive women and their families.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11969	Mechanism Name: Improving the Quality of HIV Testing in PMTCT Programs
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

MOH		

Overview Narrative

1. Continue assistance, support and staff training to clinical laboratories at PMTCT sites, including quality, biosafety and turnaround time of rapid HIV tests.

2. CDC will continue to support the improvement of information systems at the Central, Regional and local levels to ensure access to quality data (M & E).

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11969

Mechanism Name:	Improving the Quality of HIV Testing in PMTCT Programs		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted

Narrative:

In FY 2010 USG will continue to strengthen MCH services to support PMTCT care and early infant diagnosis (EID) in at least ten "Centers of Excellence" hospitals throughout the country. Technical assistance, on-site training and support will be provided at the hospital level to integrate HIV/AIDS prevention and treatment services with wrap around services in reproductive health, tuberculosis, nutrition and immunizations, improve referrals, strengthen diagnostics and counseling, including the supply of quality test kits, CD4 and EID testing.

Health care providers will be trained in EID, dry blood sampling and referrals. A revised logistics system will transport samples to the National Reference Laboratory and results will be communicated to the appropriate hospital departments in a timely manner. Opt-out testing will be implemented as a pilot program in selected facilities. NGOs will be integrated into the system to assure linkages between hospitals and their communities.

USG will provide NGOs, FBOs and CBOs with technical assistance and support to create awareness in their respective communities of the health services available at the hospitals, provide linkages between hospitals and their communities, reduce the loss of mothers and their infants to follow-up programs and provide emotional and psychological support to HIV positive women and their families.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11970	**Mechanism Name: Support income generation activities for PLWA and their families.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: Esperanza Internacional	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000	
Funding Source	**Funding Amount**
GHCS (USAID)	300,000

Sub Partner Name(s)

ASOLSIDA	CEPROSH	Grupo Clara
Grupo Paloma	MODEMU	

Overview Narrative

With FY 2009 PFIP funds and FY 2010 USAID will provide support to improve the quality of life of PLWA. In order to accomplish this, USAID will provide a grant to Esperanza International to provide TA and funds for income generating activities for PLWA and their families. This is done because persons who are diagnosed with HIV are often dismissed from their jobs.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	300,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**11970**
Mechanism Name:	**Support income generation activities for PLWA and their families.**
Prime Partner Name:	**Esperanza Internacional**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	300,000	
Narrative:			
Provide TA and funds to implement income generation activities for PLWA and their families.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11971	**Mechanism Name: Providing access to quality diagnostic tests for HIV/AIDS patients.**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Science for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

Ministry of Health, Dominican Republic		

Overview Narrative

USAID will provide funds to Management Science for Health-MSH through its centrally funded project Strengthening Pharmaceutical Systems, to procure HIV rapid test, reagents for CD4 s, viral load and early infant diagnosis forTb patients, pregnant women, MAARPS and PLWHA. SPS will provide TA to MOH to implement a unified procurement and logistics systems and will support the renovations of three warehouses facilities.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	40,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

TB

Budget Code Information

Mechanism ID:	**11971**
Mechanism Name:	**Providing access to quality diagnostic tests for HIV/AIDS patients.**
Prime Partner Name:	**Management Science for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	100,000	

Narrative:

USAID will continue to provide support to MSH/SPS to procure HIV rapid tests and laboratory supplies to improve access to quality counseling and testing services.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11972	**Mechanism Name: Providing OVC Services to orphans and vulnerable children**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted

Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Based on the results of the updated OVC assessment, USAID will design a new activity to target OVCs and their needs.

Cross-Cutting Budget Attribution(s)

Education	Redacted
Food and Nutrition: Policy, Tools, and Service Delivery	Redacted

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities

Budget Code Information

Mechanism ID:	**11972**
Mechanism Name:	**Providing OVC Services to orphans and vulnerable children**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

Many children in the DR are vulnerable to HIV/AIDS. In FY2009, the USAID AED contract has been slow to implement its OVC component. Only three grants were awarded to NGOs to address the needs of

OVC in line with PEPFAR requirements [In 2010 it is expected that three more grants will be funded]. AED provided TA and support to NGOs and mentors to provide quality care and to coordinate with the community, government and civil society partners in order to meet the needs of OVCs. USG-supported package of services includes referral to health services (immunization, emotional and psychological counseling), educational assistance (including tuition), economic support for clothing, support for caregivers and communities. Legal services to secure birth registration and training caregivers on providing a better health and nutritional environment are also provided. With FY2009 PFIP funds, USAID will continue to support AED to expand services to OVC in Region V and VII. With the results of the assessment to be funded with PFIP FY 2008 funds and with FY 2010 funds, USAID will design a new activity to fund NGOs, CBOs, FBOs to provide services addressing the needs of OVCs wherever they may be. This activity may include technical training for youth, urban vegetable gardens and/or summer camps offering sports and creative arts. This approach will build resilience and hope in these children.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11973	**Mechanism Name: MSH/SPS to provide access quality tests for patients detected with any form of TB**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Management Science for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,150,000	
Funding Source	**Funding Amount**
GHCS (USAID)	1,150,000

Sub Partner Name(s)

MOH		

Overview Narrative

Since 2002, TB/HIV co-infection programming has been funded exclusively by non-PEPFAR USAID child survival health funds. Funding for TB/HIV activities was included in the FY 2008 Mini-COP for the first time. Those funds were key to enabling a more focused approach to strengthening TB treatment for co-infected persons. With PEPFAR funds, USG will provide support and TA to strengthen a functional patient referral system for TB/HIV co-infected patients. USAID will address TB/HIV priorities by providing technical assistance to the Regional and Provincial Network System. Support will include updating TB/HIV plans, training personnel on current guidelines (in coordination with the GODR oversight entity National TB/HIV Co-infection Committee [CONACO]) and current TB partners PAHO, TBCAP, Global Fund, the MOH, and private-sector service providers. A pilot project to strengthen TB/HIV services will be implemented in Region IV and VII. TB/HIV co-infection will be a component of the Binational program, as described in the PFIP. USAID will support MSH/SPS to procure more than 15,000 HIV rapid tests per year to provide access to individuals that are detected as symptomatic respiratory as well as those with any form of TB, and to implement a logistics system. USAID will provide funds to MSH, SPS to procure HIV rapid test, reagents for CD4 viral load and early infant diagnosis for PLWHA. SPS will provide TA to MOH to implement a unified procurement and logistics systems and will support the renovations of three warehouses facilities.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**11973**
Mechanism Name:	**MSH/SPS to provide access quality tests for patients detected with any form of TB**
Prime Partner Name:	**Management Science for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	300,000	

Narrative:

Procure 4 CD4s tests equipment and reagents.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	150,000	

Narrative:

Based on a 2009 assessment USAID on the current HIV procurement and logistics system USAID will convene MOH and COPRESIDA to discuss findings and recommendations. USAID/DR expects that the evidence from the assessment will help to define a plan to strengthen the system, using an integrated approach. MSH/SPS will continue to provide technical assistance to implement a procurement and logistic system.
In FY 2010 USAID/DR through MSH/SPS will procure 250,000 HIV rapid tests to provide quality CT services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	100,000	

Narrative:

USAID will continue to provide support to MSH/SPS to implement a unified procurement and logistics system. This activity will include training of human resources at central, regional and provincial level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	400,000	

Narrative:

Procure 180,000 HIV test kits for each year for the first two years. Procure reagents for CD4 and e.i.d. tests. Implement a procurement and logistic system. Improve at least three regional warehouses.USAID will provide funds to MSH to procure a total of 180,000 HIV rapid tests kits for each year for the first two years. MSH will also procure reagents for CD4s and e.i.d. tests and laboratory supplies. In order to do

this, MSH will also provide technical assistance to implement a procurement and logistics system and improve at least three regional warehouses.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	200,000	
Narrative:			
USAID will provide funds to MSH/SPS to procure 15,000 HIV rapid tests per year to provide access to quality tests for patients detected with any form of TB. SPS will strengthen logistics system.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11974	**Mechanism Name: Increasing the Capacity of the Dominican Republic to Process Safe Blood**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health Dominican Republic	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,200,000	
Funding Source	**Funding Amount**
GHCS (State)	1,200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. CDC will engage the College of Medical Technologist, Association of Laboratory Owners, the State University, the MOH and PAHO in a working group to review college curricula and training to broaden knowledge and skills on current procedures for adequate blood product preparation, from pre-service levels.

2. CDC will also engage the MOH, College of Dominican Physicians, the Association of Hematologists and the schools of medicine to review and update college curricula and current guidelines regarding blood products usage.

3. CDC will continue to provide TA and support to implement the plan of a National Blood Bank center, to provide:

a. Equipments with adequate maintenance and repair contracts.

b. Staff training on new technologies

c. Managerial education.

4. Assessment and development of a strategy to strengthen LIS at pilot blood bank where support is been provided.

5. CDC will provide TA to develop a plan to guide the monitoring and evaluation of the activities conducted at Blood Bank sites.

6. Assist the MOH to update and enforce the biosafety guidelines, providing basic equipments and staff trainings at all levels of health institutions.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000

Key Issues

Military Population
Mobile Population

Budget Code Information

Mechanism ID:	**11974**

Mechanism Name:	Increasing the Capacity of the Dominican Republic to Process Safe Blood
Prime Partner Name:	Ministry of Health Dominican Republic

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	1,200,000	

Narrative:

* USG/CDC will assist the MOH to provide a quality, timely and safe blood supply, nationwide. Strengthening the voluntary donor recruitment campaigns, screening potential donors with the appropriate questions on high risk behaviors, and complete the screening of TTIs with quality tests, will render a lower percentage of excluded blood units; The correct preparation and usage of blood products by updating trainings and guidelines, for pre- and in-service health workers, will render a more appropriate use of blood. An information system installed at Central and Regional Blood Services, will permit a more appropriate distribution of blood products and supplies, with updated data for decision making, preventing shortages and being proactive in management.

* USG/CDC plans to work in fourteen blood services facilities, prioritized by the MOH, which serve a high percentage of the population and have the largest demand for blood units.

* Blood bank sites will also be facilities where the USG is already working (labs, on QA/QC programs, on PMTCT, MCH, and testing and counselling programs), with the opportunities for mutual support and synergies.

* It is expected that quality of blood units will be improved by helping establish an MOH National Blood Bank Center, with state of the art technology, updated trained personnel, adequate collection, processing, storage and distribution of blood products. Interventions will be designed to promote sustainable technical and managerial processes.

* Biosafety guidelines and waste management will be addressed in all health sites that USG/CDC intervenes. CDC will work with MOH, the municipalities and the Ministry of the Environment, so that Biosafety becomes an integral part of routine health services, infection control, waste management and final disposal, nationwide.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11975	Mechanism Name: Implement PMTCT and VCT Centers of Excellence in selected hospitals
Funding Agency: U.S. Agency for International	Procurement Type: Contract

Development	
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

MOH		

Overview Narrative

In FY 2010, the USG will continue to strengthen MCH services to support PMTCT services including early infant diagnosis (EID) in at least ten "Centers of Excellence" hospitals and 26 hospitals in regions V and VII. TA, on-site training and support will be provided at the hospital level to integrate HIV/AIDS prevention and treatment services with wrap-around services in reproductive health, tuberculosis, nutrition and immunizations, referrals strengthening, improved HIV counseling and diagnostic services strengthen, including the supply of quality test kits, CD4 and EID testing.

Health care providers will be trained in EID, dry blood sampling and referrals. A revised logistics system will transport samples to the National Reference Laboratory and results will be communicated to the appropriate hospital departments in a timely manner. Opt-out testing will be implemented as a pilot program in selected facilities. NGOs will be integrated into the system to assure linkages between hospitals and their communities.
With PFIP FY 2009 additional funding and FY 2010 budget, USG will strengthen and scale up the access to and quality of CT activities in MOH hospitals; training will include DAF and NGO personnel, especially those in Border provinces. This intervention will seek to improve laboratory ability to provide quality test results in a timely manner. USG will also continue to support NGOs, CBOs and PLWA organizations to mobilize communities to encourage preventive behaviors and seek quality CT, provide counseling and testing in the communities, and facilitate active referrals for care and treatment, while also reducing barriers to CT such as stigma and discrimination.

USG will continue to support trained PLWA to provide emotional support and links to community based support groups. HIV+ individuals will be referred to TB testing as appropriate. Individuals with negative

test results, either in clinics or a mobile unit will be provided with prevention information, including contact information for prevention and other community programs. USG will continue to support routine testing and counseling via organizations that work with sex workers, such as COIN and CEPROSH, linking these organizations to service delivery networks so they can work together. A mass media campaign to promote CT services targeting health personnel and individuals will be developed.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**11975**
Mechanism Name:	**Implement PMTCT and VCT Centers of Excellence in selected hospitals**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

With MOH approval, USG will implement a pilot project "VCT Centers of Excellence" to demonstrate the feasibility of provider-initiated testing and opt-out possibilities. USAID will design a new mechanism to implement CT Centers of Excellence in 12 sites (10 in public hospitals, two in NGOs clinics).
Assuming the opt-out pilot is successful, USAID plans to provide TA to scale-up to 120 public CT and NGO services, design a mass media campaign to promote CT services and fund networks of persons living with HIV/AIDS to provide counselors and linkages to services

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
Narrative:			
Improve quality of PMTCT services (including e.i.d.) in at least 5 hospitals the first year to complete ten in the second year of activity (including Armed Forces).			

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services					36,030	36,030
ICASS					30,000	30,000
Staff Program Travel					175,000	175,000
USG Staff Salaries and Benefits					454,088	454,088
Total	**0**	**0**	**0**	**0**	**695,118**	**695,118**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (USAID)		36,030
ICASS		GHCS (USAID)		30,000

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				2,000		2,000
Staff Program Travel				5,000		5,000
USG Staff Salaries and Benefits				65,000		65,000
Total	**0**	**0**	**0**	**72,000**	**0**	**72,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		2,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				35,000		35,000
ICASS				50,000		50,000
Institutional Contractors				275,000		275,000
Management Meetings/Professional Developement				10,000		10,000
Staff Program				50,000		50,000

Travel						
USG Staff Salaries and Benefits			500,000	280,000		780,000
Total	**0**	**0**	**500,000**	**700,000**	**0**	**1,200,000**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		35,000
ICASS		GHCS (State)		50,000
Management Meetings/Professional Developement		GHCS (State)		10,000

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Non-ICASS Administrative Costs				68,000		68,000
Peace Corps Volunteer Costs				47,200		47,200
Staff Program Travel				26,000		26,000
USG Staff Salaries and Benefits				196,000		196,000
Total	**0**	**0**	**0**	**337,200**	**0**	**337,200**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		68,000